URBAN DISTRICT OF SPENBOROUGH

ANNUAL REPORT

OF THE

MEDICAL OFFICER OF HEALTH

AND

SCHOOL MEDICAL OFFICER

For the Year

1920

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SPENBOROUGH URBAN DISTRICT COUNCIL

ANNUAL REPORT

OF THE

MEDICAL OFFICER OF HEALTH

1920

To the Chairman and Members
of the Health Committee

GENTLEMEN,

HAVING been appointed Medical Officer of Health to the Spenborough Urban District, it becomes my duty to present to you a report of the sanitary conditions of the district for the year 1920.

I desire to express my thanks to Mr. A. Rothera, Surveyor to the Council, and to Mr. J. Wood, Chief Sanitary Inspector, for their assistance in preparing certain portions of this report.

I am, Gentlemen,

Your obedient servant,

LAWRENCE PICK

GENERAL CONSIDERATIONS.

The Urban District of Spenborough came into being in April, 1915, by the amalgamation of the three contiguous urban districts of Cleckheaton, Liversedge and Gomersal.

Each district had appointed its own part-time Medical Officer, and owing to conditions consequent upon the war this arrangement was continued until April, 1920, when I took up my duties as Medical Officer for the whole district.

The district of Spenborough is of a very undulating character, ranging in level from 160 to 575 feet above sea level.

It is all within the watershed of the River Calder, but in itself is mainly drained by the River Spen, which joins the former river at Ravensthorpe, some two miles south of the district boundary.

The River Spen passes through Spenborough from north to south, and provides the boundary between the district and the City of Bradford, Hunsworth, Heckmondwike, and the County Borough of Dewsbury.

Nearly the whole of the district of Spenborough lies within the watershed of the Spen, with the exception of portions of Scholes and Gomersal, whose natural drainage lies towards Brighouse and Birstall respectively.

The district of Gomersal and the western portion of Liversedge, towards Roberttown and Hightown, as well as the westerly portion of Cleckheaton, possesses attractive features for residential purposes. and at present these districts consist largely of residential property.

The geological formation of the district consists mainly of a shallow layer of soil over deep beds of clay and shale, which is water bearing, and in many cases a loose bed of soft sandstone is found near the surface, which is commonly called "rag."

Throughout the area beds of coal exist, and in Cleckheaton beds have been worked that have been so near the surface that subsidence has taken place, not only of roads, but of buildings as well.

The water supply is from the Bradford Corporation, who, in Liversedge, distribute the water in detail, while in the remaining parts of the district it is distributed by the Council.

The water is of good quality, soft, and well suited to domestic and trade use, but from its peaty character soon tends to cause incrustation of pipes, thus imparing their delivering capacity.

An analysis of the water is given later in the report.

The district is well sewered and gravitates to seven sewage works, a rather unfortunate state of affairs, largely due to the separate entities in the past.

The chief works is situated at The Bottoms, where about one and a quarter million gallons of sewage is treated daily in dry weather.

Throughout the area much inconvenience is caused to property along the route of the river Spen and the Ashton Clough Beck by their overflowing in times of heavy rainfall. The causes of this are silting up, the interposition of weirs, and the general inattention to the streams by riparian owners.

The trade of the district is an exceedingly mixed one, comprising such a variety of industries that it is almost impossible to say at any one time that trade is bad throughout the district.

Such trades as carpets, wire, leather, woollen and worsted manufactures, card cutting, mattress making, chemicals, tar distilling, canvas strap making, textile machinery, dyeing, cotton, coal mining, the manufacture of soap, paper blinds, motor cycles and ropes indicate this diversity, which is no doubt of enormous benefit, and represents enterprise such as is difficult to excel in much more densely populated communities.

VITAL STATISTICS.

BIRTHS.

During 1920 the nett births registered in the district numbered 628, an increase of no less than 113, or 22 per cent on the average for the previous five years.

Of these, 334 were males and 294 females. The birth rate per 1,000 living was 20.1.

There were 28 illegitimate births, equal to a rate of 44.5 per 1,000 births.

Of the 28, fourteen were boys and fourteen girls.

Table I. shows the wards in which children whose births were registered in the district were born.

TABLE I.

Roberttown and Norristhorpe	86
Cleckheaton East	105
Cleckheaton West	65
Gomersal	90
Hightown	71
Millbridge	109
Oakenshaw	8
Scholes	40
Spen and Littletown	73

DEATHS.

The number of deaths registered in the district during the year was 340. From these must be deducted 8 deaths of persons resident outside the district and dying in institutions within the district, and to them must be added 52 deaths of residents in the district who died in institutions outside its borders.

This gives the number of nett deaths as 384, equal to a rate of 12.3 per 1,000 living, as compared with 13.4 in 1919, and an average of 14.2 for the five years 1915 to 1919.

The frequency of the causes of death are shown in the following table:—

FREQUENCY OF CAUSES OF DEATH.

From	Zymotic Diseases	9.8 per cent.
,,	Diatetic Diseases	.3 per cent.
,,	Constitutional Diseases	20. per cent.
,,	Developmental Diseases	7.8 per cent.
,,	Local Diseases	57.5 per cent.
,,	Violence	2.8 per cent.
,,	Other ill-defined causes	1.8 per cent.

Nineteen deaths occurred from influenza, equal to a rate of .61 per 1,000 living.

Sixty-two deaths occurred from diseases of the heart and blood vessels, and 70 from disease of the respiratory systems (excluding tuberculosis), equal to rates of 2 and 2.2 per 1,000 living respectively; while 35 persons died of apoplexy or degeneration of the brain, equal to 1.1 per 1,000.

The mortality rate from malignant disease (cancer) was 1.18 per 1,000, there having been 37 deaths from this disease.

INFANTILE MORTALITY.

Fifty-two deaths occurred in children of under 1 year, of which 28 were males and 24 females, giving an infant mortality rate of 82.8 per 1,000 births, which is slightly above the rate for the whole country.

It will be seen that 14 deaths occurred from diseases of the respiratory system, over 25 per cent, of the total, and this was by far the commonest cause of death in infants.

Digestive diseases caused but two deaths, a figure very much below the rate for the whole country. This no doubt was largely due to the exceptionally cold and wet summer.

Only two deaths of illegitimates occurred under one year of age, giving a death rate of 71.4 per 1,000 illegitimate births, actually a lower rate than among legitimate births.

DEATHS FROM ZYMOTIC DISEASES.

Thirteen deaths occurred during the year from the seven chief zymotic diseases, giving a death rate of .4 per 1,000 living.

These deaths were caused by: Enteric Fever 1, Measles 3 Scarlet Fever 2, Whooping Cough 3, Diphtheria 4, and Diarrhœa 1.

INQUESTS.

During 1920. 29 deaths were the subject of Coroners' inquests. Of these, 18 were males and 11 females, representing 7.7 per cent. of the nett deaths in the district.

The ages at which these persons died were:—

Under 1 year	4 deaths
1 to 5 years	3 deaths
5 to 15 years	4 deaths
15 to 25 years	2 deaths
25 to 45 years	4 deaths
45 to 65 years	6 deaths
Over 65 years	6 deaths

The causes of death of the cases on which inquests were held were as follows:—

Accident—12

Shock following operation	1
Hæmorrhage of brain after accident	1
Fractured skull	2
Fractured pelvis	1
Injury to head and brain	3
Food poisoning	1
Other poisoning	1
Scald	1
Drowning	1

Suicide—2

On railway	1
By drowning	1

Neo-Natal Fatalities—4

Convulsions	1
Atelectasis	1
Inanition	1
Thymic asthma	1

Diseases of Circulatory System—9

Valvular disease of the heart	3
Degeneration of the heart	3
Heart failure and syncope	3

Diseases of the Respiratory System—2

Pneumonia	1
Chronic bronchitis	1

The following tables show the vital statistics for the year 1920:—

TABLE II.

QUARTERLY SUMMARY OF VITAL STATISTICS.

	1st qr.	2nd qr.	3rd qr.	4th qr.
Births registered in district	202	145	145	127
Males	99	85	78	67
Females	103	60	67	60
Rate per 1,000 living per annum	25.2	18.1	18.1	15.8
Illegitimate births	5	7	5	4
Rate per 1,000 births	24.7	48.3	34.5	31.5
Deaths registered in district	95	71	66	80
Males	40	40	36	40
Females	55	31	30	40
Corrected deaths	107	81	77	91
Corrected death rate	13.3	10.1	9.6	11.3
Deaths under 1 year	22	6	12	12
Rate per 1,000 population	2.7	.8	1.5	1.5
Rate per 1,000 births	108.9	41.4	82.7	82.7
Ages at death:				
1-5 years	5	10	6	4
5-15 years	3	6	4	1
15-25 years	5	7	2	2
25-45 years	22	17	11	9
45-65 years	26	33	24	26
Over 65 years	24	26	18	38
Deaths from zymotic diseases	3	4	1	1
Rate per 1,000 population	.37	.49	.12	.12

TABLE III.

QUARTERLY SUMMARY OF INFANTILE MORTALITY.

	1st qr.	2nd qr.	3rd qr.	4th qr.
Whooping Cough	2	0	1	0
Diphtheria	0	1	0	0
Influenza	0	2	0	0
Pemphigus	1	0	0	0
Purpura Hæmorrhagica	0	0	0	1
Prematurity	3	1	1	2
Malnutrition and Marasmus	5	0	2	1
Atelectasis	0	0	1	1
Asphyxia Neonatorum	0	0	1	0
Dystochia Syncope	0	0	1	0
Thymic Asthma	0	0	0	1
Malformation of Heart	1	0	0	0
Malformation of Bile Duct	0	0	0	1
Imperforate Anus	0	0	0	1
Convulsions	2	0	1	1
Tuberculous Enteritis and Meningitis	0	1	0	0
Acute Gastritis	0	0	1	0
Gastro-Enteritis	0	0	1	0
Acute Bronchitis	1	0	0	0
Lobar Pneumonia	1	0	1	0
Broncho-Pneumonia	6	1	1	3

QUARTERLY SUMMARY OF INFECTIOUS DISEASES.

	Cleckheaton.				Liversedge.				Gomersal.				U.D. Spenborough.			
Quarter.	1st	2nd	3rd	4th	1st	2nd	3rd	4th	1st	2nd	3rd	4th	1st	2nd	3rd	4th
Scarlet Fever	2	1	5	17	2	9	8	23	5	6	4	2	9	16	17	42
Diphtheria	4	5	5	4	5	5	3	5	3	4	4	5	12	14	12	14
Enteric Fever	0	0	0	1	0	0	3	0	1	0	0	0	1	0	3	1
Erysipelas	0	1	1	2	2	3	2	2	0	0	0	0	2	4	3	4
Pneumonia	0	1	0	3	0	0	0	7	0	1	0	3	0	2	0	13
Puerperal Fever	0	0	0	0	0	0	1	0	1	0	0	1	1	0	1	1
Ophthalmia Neonatorum	0	0	1	0	0	0	0	3	0	0	1	0	0	0	2	3
Malaria	0	0	0	1												1
Pulmonary Tuberculosis	0	7	4	16	3	9	6	12	0	0	0	2	3	16	10	30
Other forms of Tuberculosis	0	0	0	3	0	0	1	0	0	1	0	0	0	1	1	3

Table 5. Birth-rate, Death-rate and Analysis of Mortality during the Year 1920

(Provisional figures. Provisional populations estimated to the middle of 1920 have been used for the purposes of this Table. The mortality rates refer to the whole population as regards England and Wales, but only to civilians as regards London and the groups of towns).

	Birth-Rate per 1,000 Total Population.	Annual Death-Rate per 1,000 Population								Rate per 1,000 Births		Percentage of Total Deaths			
		All Causes	Enteric Fever	Small-Pox	Measles	Scarlet Fever	Whooping Cough	Diphtheria	Influenza	Violence	Diarrh'a and Enteritis (under 2 Years)	Total Deaths under One Year	Deaths in Public Institutions	Certified Causes of Death	Inquest Cases	Uncertified Causes of Death
England and Wales	25·4	12·4	0·01	0·00	0·19	0·04	0·11	0·15	0·28	0·48	8·3	80	24·3	92·2	6·6	1·2
96 Great Towns, including London (Census Populations exceeding 50,000) ...	26·2	12·5	0·01	0·00	0·22	0·04	0·14	0·16	0·31	0·43	10·4	85	31·3	92·2	7·1	0·7
148 Smaller Towns (Census Populations 20,000-50,000)	24·9	11·3	0 02	0·00	0·19	0·03	0·10	0·14	0·27	0·38	7·8	80	16·5	93·2	5·3	1·5
London	26·5	12·4	0·01	0·00	0·22	0·05	0·17	0·22	0·30	0·47	9·5	75	46·5	91·2	8·6	0·2
Spenborough	**20·1**	**12·3**	**0·03**	**0·00**	**0·09**	**0·03**	**0·09**	**0·12**	**0·61**	**0·35**	**1·6**	**82·8**	**11·2**	**92·3**	**7·7**	**0·0**

Table 6. Vital Statistics of the Whole District for 1920

Year	Population estimated to middle of each year	Births		Total Deaths Registered in the District		Transferable Deaths of Non-residents registered in the District	Transferable Deaths of Residents not registered in the District	Net Deaths belonging to the District			
								Under one year		At all Ages	
		Number	Rate	Number	Rate			Number	Rate per 1000 Births	Number	Rate
1915	31124	575	18·3					62	107·8	499	16·0
1916	31050	550	17·7					46	83·6	418	13·5
1917	31050	498	16·0					46	92.3	415	13·3
1918	32140	468	14·5					74	158.1	476	14·8
1919	32090	483	15·5					37	76.6	430	13·4
1920	31241	628	20.1	340	10·8	8	52	52	82·8	384	12·3

Area of District in Acres (Land and Inland Water) ... 5170 acres
Total Population at all ages (Census 1911) 31,321
Number of Inhabited Houses ditto. 7560

Table 7. Cases of Infectious Diseases notified during 1920

	At all ages	Under 1 year	1 to 5 years	5 to 15 years	15 to 25 years	25 to 45 years	45 to 65 years	Over 60 years	Oakenshaw	Scholes	Cleckheaton East	Cleckheaton West	Spen and Littletown	Millbridge	Roberttown and Norristhorpe	Hightown	Gomersal	Cases removed to Hospital
Scarlet Fever ...	86		18	56	11	1			2	6	10	7	8	13	7	16	17	83
Diphtheria	52	1	16	24	9	2				1	9	6	6	4	2	8	16	49
Enteric Fever ...	5			4	1							1	2		1		1	4
Erysipelas	13			1	6	6					3	1	3	1	2	3		1
Pneumonia	15	1	1	2	5	2	2	2				2	1	2	4	2	4	
Malaria	1					1						1						
Puerperal Fever ...	3					3								1			2	
Opthalmia Neonatorum	5	5								1			1		1	1	1	
Phthisis	58		2	11	6	28	10	1	1	4	11	6	10	10	8	5	3	10
Other Tuberculosis ...	6			1	5						2	1	1			1	1	
TOTALS ...	244	7	37	98	38	43	18	3	3	12	35	25	32	31	25	36	45	147

ISOLATION HOSPITALS:—North Bierley, Cleckheaton; Oakwell, Birstall; Crossley, Mirfield.

Table 8.

Causes of and Ages at Death during the year 1920

Cause of Death	Net Deaths at the subjoined ages of "Residents," whether occurring within or without the district											TOTAL DEATHS whether of residents or non-residents in Institutions in the district
	All ages	Under 1 year	1 and under 2 years	2 and under 5 years	5 and under 15 years	15 and under 25 years	25 and under 45 years	45 and under 65 years	65 years and upwards	Males of all ages	Females of all ages	
Enteric Fever	1					1					1	1
Small Pox												
Measles	3	1		2						3		
Scarlet Fever	1					1				1		1
Whooping Cough	3	3								2	1	
Diphtheria and Croup ...	4	1		2	1					3	1	2
Influenza	19	2	1	1	2	3	4	4	2	8	11	
Erysipelas												
Phthisis	25		1			3	16	4	1	12	13	1
Tuberculous Meningitis ...	4			1		2	1			1	3	
Other forms of Tuberculosis...	3	1			1	1				3		
Cancer	37					1	3	20	13	14	23	
Rheumatic Fever												
Meningitis non T.B. ...	2				1	1				1	1	2
Organic Heart Disease ...	37				1		8	18	10	15	22	
Bronchitis	24	1		1			1	7	14	16	8	
Pneumonia (all forms) ...	39	12	8	3	1		5	4	6	20	19	
Other Respiratory Diseases ...	7	1	1	1	1		1	2		5	2	
Diarrhœa (under 2) ...	1	1									1	
Appendicitis	2						2			1	1	
Cirrhosis of Liver	2							2		2		
Alcoholism												
Nephritis and Brights Disease.	16				2	1	1	9	3	7	9	
Puerperal Fever	5						5				5	
Parturition												
Congenital Debility ...	19	19								12	7	
Violence	9			2	1	1	1	3	1	8	1	
Suicide	2						2			1	1	
Other Defined Causes ...	114	10	1		3	3	9	34	54	57	57	
Undefined Causes	5		1					2	2	1	4	1
TOTAL	384	52	13	13	14	18	59	109	106	193	191	8

Table 9. Infantile Mortality

CAUSE OF DEATH	Under one week	1—2 weeks	2—3 weeks	3—4 weeks	Total under one month	1—3 months	3—6 months	6—9 months	9—12 months	Total Deaths at 12 months and under
Measles										
Scarlet Fever										
Whooping Cough ...				2	2			1		3
Erysipelas										
Tuberculosis Meningitis...										
Tuberculosis (other forms)										
Convulsions	1		1		2		1			3
Laryngitis										
Bronchitis									1	1
Pneumonia		1		2	3		3	2	5	13
Diarrhœa										
Enteritis				1	1					1
Gastritis							1			1
Prematurity	4		2		6					6
Marasmus, Inanition, etc.	3	2	3		8		1			9
Other causes	6	3	1	1	11		2		2	15
TOTALS ...	14	6	7	6	33		8	3	8	52

Net Births in the year ...	Legitimate ...	600
	Illegitimate ...	28
Net Deaths in the year ...	Legitimate ...	50
	Illegitimate ...	2

Table 10.—Deaths Registered from all Causes during the Year 1920

NOTE.—The Deaths of Non-Residents occurring in Public Institutions situated in the District are excluded, and the Deaths of Residents occurring in Public Institutions situated beyond the limits of the District are included

	AGES											
	0 to 1	1 to 5	5 to 15	15 to 25	25 to 35	35 to 45	45 to 55	55 to 65	65 to 75	75 to 85	85 and upwards	TOTALS
I. SPECIFIC FEBRILE, or ZYMOTIC DISEASES...	6	7	3	5	5	4		4	3		1	38
II. PARASITIC DISEASES		1										1
III. DIETIC DISEASES	2	2	1	7	9	11	12	16	13	2	2	77
IV. CONSTITUTIONAL DISEASES	13							1	3	11	2	30
V. DEVELOPMENTAL DISEASES	24	14	9	4	9	17	26	48	38	28	3	220
VI. LOCAL DISEASES		2	2	2	2	1	1	1				11
VII. DEATHS FROM VIOLENCE	7											7
VIII. DEATHS FROM ILL-DEFINED and NOT SPECIFIED CAUSES ...												
TOTALS	52	26	15	18	25	33	39	70	57	41	8	384

I.—SPECIFIC FEBRILE, or ZYMOTIC DISEASES

1.—MIASMATIC DISEASES

Smallpox ...	Vaccinated											
	Unvaccinated											
	No Statement											
Measles			3									3
Scarlet Fever				1								1
Typhus												
Whooping Cough	3											3
Diphtheria	1	2	1									4
Simple Continued and Ill-defined Fever												
Enteric or Typhoid Fever				1								1
Influenza	2	2	2	3	2	2		4	2			19

Table 10.—Continued

	AGES											TOTALS
	0 to 1	1 to 5	5 to 15	15 to 25	25 to 35	35 to 45	45 to 55	55 to 65	65 to 75	75 to 85	85 and upwards	
2.—Diarrhœal Diseases												
Simple Cholera												
Diarrhœa, Dysentery											1	1
3.—Malarial Disease												
Remittent Fever												
Ague												
4.—Zoogenous Diseases												
Cowpox and effects of Vaccination												
Other Diseases (*e.g.*, Hydrophobia, Glanders, Splenic Fever)												
5.—Venereal Diseases												
Syphilis												
Gonorrhœa, Stricture of Uretha												
6.—Septic Diseases												
Erysipelas												
Pyæmia, Septicæmia									1			1
Puerperal Fever					3	2						5

II.—PARASITIC DISEASES													
Thrush, and other Vegetable Parasitic Diseases													
Worms, Hydatids, and other Animal Parasitic Diseases													
III.—DIETIC DISEASES													
Want of Breast Milk, Starvation													
Scurvy		1											1
Chronic Alcoholism													
Delirium Tremens													
IV.—CONSTITUTIONAL DISEASES													
Rheumatic Fever, Rheumatism of the Heart...													
Rheumatism													
Gout										1			1
Rickets													
Cancer, Malignant Disease...				1	1	1	9	12	9	2	2	37	
Tabes Mesenterica													
Tubercular Meningitis, Hydrocephalus		1		2		1						4	
Phthisis		1		3	8	8	3	1	1			25	
Other forms of Tuberculosis, Scrofula	1		1	1								3	
Purpura, Hæmorrhagic Diathesis	1											1	
Anæmia, Chlorosis, Leucocythæmia								2				2	
Glycosuria, Diabetes Mellitus						1		1	2			4	
Other Constitutional Diseases													
V.—DEVELOPMENTAL DISEASES													
Premature Birth	8											8	
Atelectasis	2											2	
Congenital Malformations	3											3	
Old Age								1	3	11	2	17	

***Table 10.**—Continued.*

	AGES											TOTALS
	0 to 1	1 to 5	5 to 15	15 to 25	25 to 35	35 to 45	45 to 55	55 to 65	65 to 75	75 to 85	85 and upwards	
VI.—LOCAL DISEASES												
1.—Diseases of Nervous System												
Inflammation of Brain or Membranes			1	1		1					1	4
Apoplexy, Softening of Brain, Hemiplegia, Brain Paralysis						1	3	15	8	8		35
Insanity, General Paralysis of the Insane						1	1					2
Epilepsy												
Convulsions	3	1										4
Laryngismus Stridulus (Spasm of Glottis)												
Disease of Spinal Cord, Paraplegia, Paralysis Agitans				1				1				2
Other Diseases of Nervous System		1		1				1				3
2.—Diseases of Organs of Special Sense (*e.g.*, of Ear, Eye, Nose)			1			1						2
3.—Diseases of Circulatory System												
Pericarditis												
Acute Endocarditis						2	1	1	1	1		6
Valvular Diseases of Heart...			1		3	2	2	3	4	1		16
Other Diseases of Heart			1		2	1	4	11	5	6		30
Aneurism												
Embolism, Trombosis												
Other Diseases of Blood Vessels									5	4	1	10

4.—Diseases of Respiratory System																	
Laryngitis											1						1
Croup																	
Emphysema, Asthma																	
Bronchitis							1	2			1	3	5	6	6		24
Pneumonia							13	8	1	2	3	3	2	4	2	1	39
Pleurisy												1	1				2
Other Diseases of Respiratory System								2	1			1					4
5. Diseases of Digestive System																	
Dentition																	
Sore Throat, Quinsy																	
Diseases of Stomach							1										1
Enteritis							1										1
Obstructive Diseases of Intestine							1					1					2
Peritonitis											1						1
Ascites, Appendecitis										1	1						2
Cirrhosis of Liver												1	1				2
Jaundice and other Diseases of Liver											1						1
Diarrhœa									1								1
6.—Diseases of Lymphatic System																	
(*e.g.*, of Lymphatics and Spleen)																	
7.—Diseases of Gland-like Organs of Uncertain Use																	
(*e.g.*, Bronchocele, Addison's Disease)							1					1					2

Table 10.—Continued

	AGES											TOTALS
	0 to 1	1 to 5	5 to 15	15 to 25	25 to 35	35 to 45	45 to 55	55 to 65	65 to 75	75 to 85	85 and upwards	
8.—Diseases of Urinary System												
Nephritis			2		1		1					4
Bright's Disease, Albuminuria				1			3	5	3			12
Disease of Bladder or of Prostate								1				1
Other Diseases of the Urinary System								1				1
9.—Diseases of Reproductive System												
A. *Of Organs of Generation*												
Male Organs												
Female Organs												
B. *Of Parturition*												
Abortion, Miscarriage												
Puerperal Convulsions												
Placenta prævia, Flooding												
Other Accidents of Child Birth	2											2
10.—Diseases of Bones and Joints												
Caries, Necrosis												
Arthritis, Ostitis, Periostitis									1			1
Other Diseases of Bones and Joints												

11.—Diseases of Integumentary System.

Carbuncle, Phlegmon																			
Other Diseases of Integumentary System	1										1				2				

VII.—DEATHS FROM VIOLENCE.

1.—Accident or Negligence.

Fractures and Contusions		1	1	1		1		1							5				
Gunshot Wounds																			
Cut, Stab																			
Burn, Scald		1													1				
Poison			1	1											2				
Drowning							1								1				
Suffocation																			
Otherwise																			

2.—Homicide.

Manslaughter																			
Murder																			

3.—Suicide.

Gunshot Wounds																			
Cut, Stab																			
Poison					1										1				
Drowning																			
Hanging																			
Otherwise					1										1				

Table 10.—Continued

	AGES											TOTALS
	0 to 1	1 to 5	5 to 15	15 to 25	25 to 35	35 to 45	45 to 55	55 to 65	65 to 75	75 to 85	85 and upwards	
4.—EXECUTION.												
Hanging												
VIII.—DEATHS FROM ILL-DEFINED AND NOT SPECIFIED CAUSES.												
Dropsy												
Debility, Atrophy, Inanition	6											6
Mortification												
Tumour												
Abscess												
Hæmorrhage												
Sudden Death (cause not ascertained)												
Causes not Specified or Ill-defined	1											1

SUMMARY OF TABLE 10

	No. of Deaths	
I.—SPECIFIC FEBRILE, OR ZYMOTIC DISEASES		38
1. Miasmatic Diseases	31	
2. Diarrhœal „	1	
3. Malarial „		
4. Zoogenous „		
5. Venereal „		
6. Septic „	6	
II.—PARASITIC DISEASES		—
III.—DIETIC DISEASES		1
IV.—CONSTITUTIONAL DISEASES		77
V.—DEVELOPMENTAL DISEASES		30
VI.—LOCAL DISEASES		220
1. Diseases of Nervous System	50	
2. Diseases of Organs of Special Sense	2	
3. Diseases of Circulatory System	62	
4. Diseases of Respiratory System	70	
5. Diseases of Digestive System	11	
6. Diseases of Lymphatic System...		
7. Diseases of Gland-like Organs of Uncertain Use	2	
8. Diseases of Urinary System	18	
9. Diseases of Reproductive System		
(*a*) Diseases of Organs of Generation		
(*b*) Diseases of Parturition	2	
10. Diseases of Bones and Joints	1	
11. Diseases of Integumentary System	2	
VII.—VIOLENCE		11
1. Accident or Negligence	9	
2. Homicide		
3. Suicide	2	
4. Execution		
VIII.—ILL-DEFINED AND NOT SPECIFIED CAUSES ...		7
TOTAL		384

INFECTIOUS DISEASE.

The district was not visited by any serious epidemic of infectious disease during 1920.

Table IV. gives the quarterly returns of cases of notifiable diseases for the various parts of the district, and also for the whole of Spenborough. In all, 178 cases were notified, excluding cases of tuberculosis.

SMALL POX.

No case of small pox occurred during the year, but notifications were received of three contacts who had come to the district. On investigation, two were found to have already left. The other was visited frquently until all danger of infection had passed.

No cases of typhus fever, poliamyelitis, cerebro-spinal fever or encephalitis lethargica were notified.

SCARLET FEVER.

Eighty-four cases of this disease were notified during the year, with 1 death, giving a case mortality of 1.2 per cent.

For the most part, the cases were of a mild type. All except three were removed to hospital, and of these three, one was moribund when first seen, and too ill to be removed.

Half the cases of scarlet fever occurred during the last quarter, when at one time a considerable epidemic appeared to be threatening. The focus of the infection appeared to be the Knowler Hill area of Hightown. The epidemic suddenly ceased towards the end of November.

DIPHTHERIA.

Fifty-two cases of diphtheria were notified during the year; four of these died, giving a case mortality of 7.7 per cent.

All these cases but three were removed to hospital.

It is to be regretted that there is often considerable delay in calling medical aid in this disease. If treated with anti-toxin immediately after the onset of the symptoms, the probability of recovery is greatly enhanced.

Diphtheria cases were notified from all parts of the district during the year, Gomersal perhaps having rather a larger case rate than the rest of the district. At no time did there appear to be any sign of an epidemic.

ENTERIC FEVER.

Five cases were reported during the year, and one death.

Thirteen cases of erysipelas (one of which was removed to hospital) and 15 cases of pneumonia were notified.

There seems to be considerable misapprehension among many medical men with regard to the necessity to notify pneumonia, seeing that while only 15 cases were notified, there were 39 deaths from this disease.

Three cases of puerperal fever and five of ophthalmia neonatorum were notified, as was one case of malaria.

TUBERCULOSIS.

Sixty-four cases of tuberculosis were notified during the year, giving a rate of 2.05 per 1,000 living. Of these, 57 were pulmonary tuberculosis and seven of other kinds.

There is a Tuberculosis Dispensary in Huddersfield Road, Liversedge, conducted by the West Riding County Council, at which a large number of tuberculosis patients attend.

Nineteen notifications were received of the admission of patients to sanatoria, and 16 of their discharge.

The following are the institutions concerned:—

	Admissions.	Discharges.
Eldwick Sanatorium	5	3
Middleton-in-Wharfedale San...	8	7
Dean Head Sanatorium	2	1
Morton Banks Sanatorium	2	2
Cardigan Sanatorium	1	3
Mitchell Memorial Home	1	

The housing conditions were investigated in 15 cases where patients had been admitted to a sanatorium at the request of the County Medical Officer.

MEASLES, CHICKEN POX, WHOOPING COUGH & MUMPS.

There were small localised outbreaks of these diseases in various parts of the district during the year, the most extensive being one of Mumps towards the end of the year which affected the St. John's area mostly.

Mumps not being a notifiable disease, it is impossible to discover the total number of cases. Undoubtedly in a large number of cases this disease is confused by parents with swollen glands.

Three deaths occurred from whooping cough, all in children of under 12 months. It is regrettable that this extremely dangerous complaint is treated so lightly by parents. Very frequently no attempt is made to obtain medical aid, the impressions being that the disease must run its course.

The mortality rate per 1,000 births from whooping cough was 4.7.

HOSPITAL ACCOMMODATION.

Previously to the amalgamation of the three districts, Cleckheaton sent infectious disease to North Bierley Hospital jointly with Bradford; Gomersal to Oakwell Hospital jointly with Batley; and Liversedge to Crossley Hospital jointly with Mirfield.

This arrangement still continues, and, though working perfectly satisfactorily, I look forward to the time when all Spenborough cases will be removed to one hospital belonging to the district. All the three hospitals admit scarlet fever, diphtheria, and enteric fever.

At Crossley Hospital there is a block, situated less than 100 yards from the main hospital, which is intended and has been used for the reception of small pox patients.

I cannot but consider that other arrangements should, as soon as possible, be made for the reception of possible small pox patients. This building is too close both to the main hospital and also to inhabited houses in the neighbourhood.

In a memorandum issued by the Local Government Board it was pointed out that no hospital for the isolation of small pox should be erected:—

(1) On a site where it would have within half a mile of it as a centre, either a hospital, whether for infectious disease or not, or a workhouse, or any similar establishment, or a population 150 to 200 persons.

(2) On a site whether it would have within half a mile of it as a centre, a population of 500 to 600 persons, whether in one or more institutions, or in dwelling-houses.

These conditions are certainly not fulfilled by the Small Pox Hospital at Crossley.

In addition, in my opinion the building itself is not a suitable one for the purpose for which it is intended. The observation wards for suspects are under the same roof as the nursing wards, and between them. Under such conditions, it appears to me that if a suspect had not small pox when taken to one of these wards, he would run an excellent chance of contracting it while there.

I consider adequate provisions for isolating small pox is most essential, seeing that about 75 per cent. of the younger children are totally unprotected, and that re-vaccination among the older members of the community is almost unknown.

There would be no necessity to dispose of the present small pox block in the event of other provision being made, as it could be used as a measles ward for the treatment of severe cases of that complaint, for which no hospital accommodation is now available.

DISINFECTION (Ordinary Infectious Diseases).

No. of Rooms (Cleckheaton District)	84
(Liversedge District)	94
(Gomersal District)	50
Total	228
For Phthisis cases	15
	243

All the elementary schools were disinfected during the mid-summer vacation.

Infected clothing, bedding, etc., is disinfected in the room which the patient has occupied, in the Cleckheaton and Liversedge districts. In the Gomersal district bedding is taken away to the Oakwell Hosptal premises and disinfected there, after the removal of each case of infectious disease.

MORTUARY.

There is a small mortuary for accident cases, situated on the Fire Station premises. Eight cases were removed there after death during 1920.

I do not consider the situation of the mortuary very suitable, opening as it does into a small yard, the Superintendent's house being within a few yards.

SANITARY INSPECTOR'S REPORT.

The following is a summary of the inspections carried out under the Nuisance sections of the Public Health Act and under other Acts relating to sanitary matters:—

To premises generally	2545	inspections
To slaughter-houses	205	,,
To dairies and cowsheds	129	,,
To factories and workshops	101	,,
To cases of infectious disease	196	,,
To houses under Housing Acts	54	,,
To houses under Public Health Act	38	,,
Informal notices	147 issued	106 complied with
Statutory notices	13 issued	10 complied with

A large amount of work is carried out after interview with the owner and by verbal notice only.

NUISANCES.

	Found.	Remedied
Insufficient sanitary conveniences	8	8
Defective doors, seats and walls of same	17	14
Dilapidated dust bins	24	21
Defective and insufficient drainage	59	42
Defective spouting, fall-pipes and roofing	39	25
Defective and untrapped sink waste pipes	6	5
Defective w.c. cisterns, pans and fittings	4	3
Blocked yard and sink drainage	51	51
Blocked w.c. drainage	62	61
Water in cellars from defective drainage and subsoil	28	20
Disconnecting sink and cellar drains	4	4
Dirty houses	3	3
Dirty yard premises	6	5
Nuisance from keeping animals	9	9
Miscellaneous nuisances	28	20
Total	348	291
Still in hand		57

(Signed) JOHN WOOD,
Chief Sanitary Inspector.

SCAVENGING.

This work is carried out by the Council, and the ashpits are emptied monthly and the dust bins fortnightly. In carrying out this work there are ten horses and carts employed daily, and in addition to the teamers there are eight men employed clearing out the ashpits and assisting with the loading of the carts.

During the year 11,172 loads of refuse have been removed and disposed of as follows:—

Destructors.

Cleckheaton 4,043 Liversedge 2,292 Farmers 3,829 Tip 1,008

Total, 11,172 loads.

It is estimated that the total cost of refuse disposal works out at 9/10 per load.

There is a Meldrum refuse destructor at Cleckheaton consisting of four cells.

At Liversedge a Horsfall destructor is in use, having two cells.

There are a large number of privy middens throughout the district, as will be seen from the following table:—

During the year 15 privies have been converted to water closets, and nine additional water closets have been provided to existing premises.

Progress in the conversion of privies has been very slow during recent years, and this important and urgent work should now be carried out more rapidly.

It would be desirable that the Council should adopt Sections 39 to 42 of the Public Health Acts Amendment Act of 1907 in order to expedite this work.

Report of the Sanitary Inspector on the survey of the sanitary convenience throughout the district:—

Number.	C'kheaton.	L'sedge.	Gomersal.	Whole District.
Houses	3434	3401	1025	7860
Water closets	1231	770	220	2221
Tippler closets	459	139	16	614
Privies	1065	1459	379	2901
Box & pail closets	1	0	98	99
Wet ashpits	563	1186	252	2000
Dry ashpits	296	125	61	482
Bins	649	796	103	1548

LIVERSEDGE SEWAGE WORKS.

A scheme was instituted by the Liversedge U.D.C., and approved by the Local Government Board in 1912, for the construction of an up-to-date sewage works at The Bottoms, Heckmondwike.

The works were to consist of screening chambers in duplicate, storm overflow chamber, gauge chamber, and sedimentation tanks.

This part of the work was completed in 1914, but further work was completely stopped owing to the war, and at the present time the sewage is dealt with by the above.

The work has now been recommenced. Eight bacterial filters, each one hundred feet in diameter and six feet deep, are under construction. When these are finished it will only need the construction of the effluent drain and humus bed to complete the full scheme approved in 1912.

One million and a quarter gallons of sewage are now being dealt with at these works.

SLAUGHTER-HOUSES.

Normally, the quality of slaughtered cattle is very good, but adequate examination of the meat immediately after slaughter is altogether impracticable, owing to the numerous premises on which the slaughtering is conducted, and the irregular hours and days during which the work is done.

The butchers are under no obligation to report when slaughtering is taking place, and consequently any meat of doubtful quality can quickly be disposed of during the absence of the Inspector, and it is a significant fact that, since the closing of the public slaughter-house in the George Hotel yard, not one request has been received from any of the butchers asking for the Inspector to make an examination of any meat in the private slaughter-houses.

The earlier the private slaughter house is abolished the better it will be for the community, and making it compulsory for all slaughtering to be done under hygienic conditions, and in premises properly equipped for its special purpose, and where all meat shall be properly examined and passed before being retailed to the public.

There are 18 private slaughter-houses in the district, and most of these are totally unfitted for their special purpose, both as regards convenience and the improper position they occupy, in close proximity to dwelling-houses and public roadway.

Licensed yearly, 2. Registered, 15.
Licensed perpetual, 1.

Unsound food destroyed during 1920, which, after examination, was found to be totally unfit for human food:—

	cwts.	qrs.	lbs.
4 carcases of beef	17	3	26
3 sheep	1	2	0
64 rabbits	1	0	16
Fish		1	22
Corned beef			6
	21	0	14

Fruit.	cwts.	qrs.	lbs.
Cherries			24
2 bags currants	1	0	0
18 boxes tomatoes	1	0	14
	2	1	10

During the year the Health Committee have had under consideration the advisability of erecting a municipal slaughter-house. Several meetings were held to discuss the matter, including one to which the butchers in the district were invited.

It was unanimously decided that the erection of a public abattoir was urgently needed, and a sub-committee was appointed to inspect and report on possible sites.

So far no site has been definitely fixed on, but I hope that during the present year considerable progress will be made in this important work.

MILK SUPPLY.

The milk sold in the district is chiefly from local farms. One firm, who have commenced milk distribution during the year, obtain their supply from the Co-operative Wholesale Society's farm in Cheshire.

No complaints have been received as to the quality of the milk supplied during the year, or of any shortage of supply.

The number of cowkeepers are	71
,, ,, registered	67
,, ,, who are milksellers	67
,, purveyors only	4

The number of cowsheds is 104, and there are approximately 460 cows kept.

The sheds are kept in a fairly clean condition, but many require structural alterations to bring them up to the required standard with regard to air-space, as prescribed in the regulations made by the Council, with respect to dairies, cowsheds and milk-shops.

In two instances the regulations were contravened in so far that swine were being kept in the cowsheds; also 15 of the sheds required lime-washing, which should be periodically carried out half-yearly during the months of May and October.

BAKEHOUSES.

There are 21 bakehouses in the district, where bread, cakes, and confectionery are baked for the purposes of sale.

Cleckheaton district	15
Liversedge district	3
Gomersal district	1
	19

These are all kept in fair condition, and are regularly lime-washed twice annually.

There are no underground bakehouses in the district.

FACTORIES AND WORKSHOPS.

The following is a summary of the inspection of factories, workshops and workplaces carried out under the Factories and Workshops Act of 1901 :—

1.—Inspection of Factories, Workshops and Workplaces.

Premises.	Number of Inspections.	Written Notices.	Prosecutions.
Factories (including factory laundries) ...	59	6	0
Workshops (including workshop laundries)	37	2	0
Workplaces (other than outworkers' premises)	5	0	0
Total	101	8	0

2.—Defects found in Factories, Workshops and Workplaces.

Particulars.	Found	Remedied.
Nuisances under the Public Health Acts—		
Want of cleanliness	4	4
Want of ventilation	2	2
Overcrowding	0	0
Want of drainage of floors	2	2
Other nuisances	35	35
Sanitary Accommodation—		
Insufficient	6	5
Unsuitable or defective	29	26
Not separate for sexes	0	0
Offences under the Factory and Workshops Act—		
Illegal occupation of underground bakehouse	0	0
Breach of special sanitary requirements for bakehouses	2	2
Other offences	0	0
Total	80	76

It was not necessary to refer any offences to H.M. Inspector, and there were no prosecutions.

Eighteen cases were referred to the Authority by H.M. Inspector as remediable under the Public Health Acts, but not under the Factory and Workshops Act, and 14 reports of action taken were sent to H.M. Inspector.

No underground bakehouses were in use at the end of the year.

OUTWORKERS.

Very few outworkers are employed in Spenborough. One list only was sent in during the year relating to three workers employed in textile weaving (burling and mending).

It was not found necessary to take any action in regard to these workers during the year.

FOOD AND DRUGS ACT.

No samples were taken during the year under the above Act.

BY-LAWS.

By-laws have been made by the Spenborough Urban District Council to regulate the following trades and industries:—

Public Baths. Dated 30th March, 1916.
Markets. Dated 10th January, 1916.
Mortuary. Dated 30th March, 1916.
Houses let in Lodgings. Dated 29th August, 1916.
Slaughter-houses. Dated 30th January, 1917.
Nuisances. Dated 29th August, 1916.
Common Lodging-houses. Dated 30th March, 1916.
Employment of Children. Dated 31st May, 1920.
Regulations for Dairies, Cowsheds and Milkshops. Dated 30th March, 1916.
Regulations for the Management of Schools. Dated January, 1921.

HOUSING.

There can be few districts in the country more urgently in need of new houses, and many of them, than Spenborough.

In addition to the estimated requirements, amounting to 1,040 new houses, an increase of 12 per cent. over those already in existence, a large number of houses now being occupied should be condemned and replaced. Unfortunately, war conditions put a stop to any systematic housing inspection, and it was not till late in 1920 that this work was begun. Such a comparatively few houses were inspected during the remainder of the year that the figures obtained are not of much value, but a general survey of the housing conditions in the district makes it obvious that a large number of houses are not worth repairing.

This is partly owing to the actual condition in which the houses are, and partly to the great cost involved in carrying out even the smallest repairs.

Many of the houses are of the back-to-back type, consisting of two or three rooms, and many others are single storey houses.

Owners of property of this kind are obviously unwilling to spend a sum of money on repairs equal to five or six years' rent, or even more.

On the completion of the Council's scheme it may be possible to close some of the worst of the houses, but at present this is out of the question owing to the impossibility of finding other accommodation for the inmates.

OVERCROWDING.

During the year five cases of overcrowding have been reported, but only in one instance was there really "legal" overcrowding.

In this instance four adults and two children were occupying a one-roomed cottage, one of the adults being a male lodger.

There are no doubt other cases of overcrowding in the district, where two families are living in one house, and, as in the case mentioned, the occupants would be only too glad to obtain other and better accommodation, were such available.

Provided 300 cubic feet is allowed for persons over 10 years old and 150 cubic feet for children under that age, no overcrowding can legally be said to exist.

Thus, in a room 12ft. by 10ft. by 9ft., containing 1,080 cubic feet—by no means a large room—three adults and a child under ten, or seven children, may sleep without being liable to any charge of overcrowding.

It would seem, however, that the time has now come when this allowance of air space should be increased.

It is very little use building modern houses, "fit for heroes to live in," if the said heroes, to say nothing of their children, are to be continued to be poisoned by the exhalations of their lungs and skin while asleep.

No doubt, with a perfect system of ventilation, no harm would accrue to persons sleeping in rooms with only 300 cubic feet of air each, but ventilation in bedrooms is not usually perfect, and the smaller the room the more difficult is adequate ventilation without draught.

Ventilation of bedrooms is especially difficult in this district owing to the common, and, to me, incomprehensible custom of blocking up the fireplace, if there is one, with a wooden screen.

DIRTY HOUSES.

Unfortunately, Spenborough is no exception to the rule that in every locality there are certain people who would turn a palace into a pig-stye in six weeks if given the opportunity.

Several bad cases of filthy houses have come under my notice during the year. One small cottage containing two rooms and a small cellar, at Roberttown, was found to be in a most deplorable state of filth. The tenant, a widow, had for years apparently been collecting all manner of refuse from ashpits and backyards. The floor of her living room was strewed with ashes and other rubbish, consisting of old bottles, tins, rags, and old iron, to the depth of a couple of feet. In the back room, presumably the bedroom, the refuse was three feet high.

It was arranged for scavenging carts to remove the refuse, and as the woman was helpless to carry it outside, the men had to enter the house and remove the refuse with pick and shovel. Seven loads were taken away from this house to the destructor and burned.

PROVISION OF HOUSES.

In common with other Local Authorities, the District Council, in October, 1919, furnished the then Local Government Board with a survey of the housing needs in Spenborough, and this was set out on Form D 89. It briefly set out general particulars of the district, together with the rents of houses, housing needs, and in Section 6 dealt with the Spenborough scheme, giving the following number of houses as being necessary:—

Parlour houses with three bedrooms	164
Non-parlour houses with three bedrooms ...	536
Shops attached to houses	16
Total	716

The selection of sites was begun in 1918, a sub-committee visiting Gomersal, Liversedge, Pyenot Hall, Whitcliff, Moorbottom (all in Cleckheaton) and Scholes, with the result that a site was purchased at Gomersal consisting of about 23 acres, and another at Scholes of about 10 acres, whilst at Liversedge, Sir Algernon F. Firth, Bart., presented to the Council nearly 20 acres of land situated off Listing Lane and Leeds Road for this purpose, an action which the Council greatly appreciated. Adjoining this latter, other land was acquired, making a total area on that site of about 33 acres.

The Housing Committee, after the preliminary work, decided to proceed with the Gomersal scheme first, and after many meetings had been held, and plans had been prepared, the Housing Commissioner approved the layout for 196 houses on this site.

The other layouts for the different sites mentioned have all been provisionally approved with the exception of the Scholes site, which I am informed will be presented at a later meeting.

These will provide for 26 houses at Waltroyd, 71 at Heaton House, and about 390 at Liversedge.

Early in 1920 tenders were invited for the construction of the first street in Gomersal, which included the laying of sewers, and this work has been carried out with the exception of the finished or wearing coat, and the laying of the kerbs and footpaths.

In May, tenders were invited from the Master Builders' Association for the erection of 20 houses of the A1 non-parlour type, and a tender was received amounting to £1,291 4s. 5d. per house. This was considered too high, and conferences were held with the builders at various times, involving much labour and thought, with a view to cheapening construction. By the deletion of various items to this end, towards the end of the year a figure of about £909 per house was accepted by the Commissioner. Preparations were at once made for the commencement of the work.

It is most regrettable that so much delay has taken place in completing the housing scheme for the district. The need for more houses, and still more for modern houses, is very urgent in Spenborough, but at the present time, April, 1921, good progress is being made in the erection of some 50 houses of the non-parlour type.

DETAILS OF STATE-AIDED SCHEME.

Sites—

	No.	Acreage.
Applications submitted	5	76.965
Applications approved	5	76.965

Lay-Outs—

Submitted	4
Approved	1

(3 provisionally approved).

House Plans—

Submitted, No. of Houses: Scullery 536.
Parlour 164 & 16 Shops.

Approved, No. of Houses: Scullery 536
Parlour 164 & 16 Shops.

Tenders—

Submitted, No. of Houses:	Scullery	50
	Parlour	0
Approved, No. of Houses:	Scullery	50
	Parlour	0

Work commenced—

No. of Houses	Scullery	40
	Parlour	0

Houses occupied 0

During the year three houses of the scullery type were built by private enterprise under the State-Aided Housing Scheme.

HOUSING INSPECTION.

Action under Sections 15, 17 and 18 of the Housing, Town Planning, etc., Act, 1909, Sec. 28 of the 1919 Act, and the Housing Regulations of Sept. 2nd, 1910:—

Houses totally unfit for human habitation (1919)	0
Houses inspected under the Act	49
Houses found satisfactory	0
Houses for which notice was given to execute works	49
Notices satisfactorily complied with	10
Local Authority carried out work in default	0
Houses closed by landlord instead of carrying out work	5
Houses made fit for habitation without closing order	2

RAINFALL IN 1920.

January	3.17	inches
February	2.94	,,
March	1.90	,,
April	3.49	,,
May	3.89	,,
June	2.02	,,
July	7.15*	,,
August	1.49	,,
September	1.17	,,
October	2.07	,,
November	1.96	,,
December	3.05	,,
Total	34.28	,,

*The wettest month on record in Cleckheaton with the exception of September, 1918, with 7.80 inches.

Annual rainfall for 15 years	31.36	inches
Wettest year, 1912	39.97	,,
Driest year, 1911	24.67	,,

The above figures were kindly supplied by Dr. J. A. Sutherland, Cleckheaton.

I regret that it has been impossible to obtain further meteorological records for the district.

Analytical Report upon a sample of water taken at Spenborough:—

	Grains per gallon.
Total solid matters	8.5
Chlorine (combined)	.6
Nitrites	0
Nitrogen as Nitrates	0
Free ammonia	.0007
Albuminoid ammonia	.0021
Lead	0
Total harness (Clark's scale)	6.00

This is a water of the highest organic purity. It is also soft, and well suited for all drinking and domestic purposes.

(Signed) F. W. RICHARDSON.

County Analyst's Office, Bradford,
15th February, 1921.

APPENDICES.

HOUSING CONDITIONS

STATISTICS

Year ended 31st December, 1920

1.—GENERAL

(1) Estimated population	31241
(2) General death-rate	12.3
(3) Death-rate from tuberculosis	1.
(4) Infantile mortality	82.8
(5) Number of dwelling-houses of all classes ...	7860
(6) Number of working-class dwelling-houses	Large Majority
(7) Number of new working-class houses erected ...	3

2.—UNFIT DWELLING-HOUSES

I.—Inspection

(1) Total number of dwelling-houses inspected for housing defects (under Public Health or Housing Acts)	49
(2) Number of dwelling-houses which were inspected and recorded under the Housing (Inspection of District) Regulations, 1910	—
(3) Number of dwelling-houses found to be in a state so dangerous or injurious to health as to be unfit for human habitation	Nil
(4) Number of dwelling-houses (exclusive of those referred to under the preceding sub-heading) found not to be in all respects reasonably fit for human habitation	49

II.—Remedy of Defects without Service of formal Notices

Number of defective dwelling-houses rendered fit in consequence of informal action by the Local Authority or their officers	...

III.—Action under Statutory Powers

A. *Proceedings under section 28 of the Housing, Town Planning, &c., Act, 1919*

(1) Number of dwelling-houses in respect of which notices were served requiring repairs 49

(2) Number of dwelling-houses which were rendered fit—

(*a*) by owners 12

(*b*) by Local Authority in default of owners ... ... —

(3) Number of dwelling-houses in respect of which Closing Orders became operative in pursuance of declarations by owners of intention to close ... ... —

B. *Proceedings under Public Health Acts*

(1) Number of dwelling-houses in respect of which notices were served requiring defects to be remedied ... 147

(2) Number of dwelling-houses in which defects were remedied—

(*a*) by owners 116

(*b*) by Local Authority in default of owners ... ... —

C. *Proceedings under sections 17 and 18 of the Housing, Town Planning, &c., Act, 1908*

(1) Number of representations made with a view to the making of Closing Orders ... ... —

(2) Number of dwelling-houses in respect of which Closing Orders were made —

(3) Number of dwelling-houses in respect of which Closing Orders were determined, the dwelling-houses having been rendered fit... ... —

(4) Number of dwelling-houses in respect of which Demolition Orders were made ... ... —

(5) Number of dwelling-houses demolished in pursuance of Demolition Orders —

3.—UNHEALTHY AREAS

Areas represented to the Local Authority with a view to Improvement Schemes under (*a*), Part I., or (*b*) Part II., of the Act of 1890:—

(1) Name of area ... ... —
(2) Acreage ... ... —
(3) Number of working-class houses in area ... —
(4) Number of working-class persons to be displaced ... ... —

4.—Number of houses not complying with the building byelaws erected with consent of Local Authority under section 25 of the Housing, Town Planning, &c., Act, 1919 ... ...

5.—Staff engaged on housing work with, briefly, the duties of each officer:

LAWRENCE PICK, D.P.H. ... Medical Officer
A. ROTHERA, M.Inst.M.C.E. ... Architect and Surveyor
T. W. TOWERS ... ... Assistant to Surveyor
C. W. AYRES... ... ... Assistant to Surveyor
JOHN WOOD... ... ... Chief Sanitary Inspector
F. W. MARSDEN ... ... Asst. Sanitary Inspector

MATERNITY AND CHILD WELFARE.

The Notification of Births Act of 1907 was adopted in Cleckheaton and Liversedge shortly after passing. In Gomersal the work was carried on under the authority of the West Riding County Council.

On the amalgamation of the three districts in 1915 the work entailed by the Act was carried out by the Council throughout the district.

Arrangements were made with the local Nursing Associations in Cleckheaton and Liversedge to carry out the health visiting of infants under one year, and in the middle of 1916 Miss F. Williams was appointed Health Visitor for Gomersal.

No other child welfare work was undertaken, and the above arrangements remained in force until the end of September, 1920.

In July, 1920 Miss M. Maudesley and Miss L. Roberts were appointed additional Health Visitors, and took over the work of the Nursing Associations as from October 1st.

I regret that, owing to lack of accommodation, it has been impossible to open a maternity and child welfare centre in Spenborough up to the present, but premises have now been obtained and are in process of completion, and I hope that within a few months a centre will be fully established.

It is proposed to hold an Ante-Natal Clinic for expectant mothers, a Baby Clinic for infants under one year, and a Clinic for children over that age and under school age.

It is to be hoped that the services of the District Nurses will not be entirely dispensed with. A scheme has been under consideration for some time whereby they will nurse cases of measles, ophthalmia neonatorum, epidemic diarrhœa, etc., that come under my notice at the centre or otherwise. Arrangements have not yet been completed with regard to this work, but I hope that the matter will shortly be settled. Towards the end of the year it was decided to supply Glaxo, either free or at cost price, to cases

reported by the Health Visitorr as necessitous. Distribution did not begin until December, and during that month 11lbs. were sold at cost price and 12lbs. were given away free.

Six hundred and twenty-eight births occurred in the district during the year.

I am unable to state the number of births notified during the first quarter of the year, but during the last nine months 401 live births were notified under the Act, in addition to 21 still births.

Four hundred and twenty-six live births occurred in the district during this period, and thus all but 25 were notified, a percentage of 94.1.

Of these 401 births, 142 were reported by midwives and 280 by parents and doctors.

I have had no reports from the Health Visitors of refusals to give information or to admit them, but in the reports of the District Nurses of the work done during the first nine months of the year, seven cases are noted as "not to be visited," and of these, five were born at the same address.

VISITS MADE BY HEALTH VISITORS.

There being no ante-natal centre at present, no visits were paid to expectant mothers.

Five hundred and ninety-six "first" visits were made to newly-born children, that is to say, all but 32 were seen at least once. Deducting the seven mentioned above brings the number of those visited to 25. Fourteen children died within a week of their birth, and 33 within the first month.

From these figures it is plain that the Health Visitors have carried out their duties most efficiently in speedily getting into touch with all newly-born children.

Two thousand six hundred and twenty "subsequent" visits were paid to these children, making a total of 3,216 visits to children under one year, an average of just over five visits per child.

No systematic visiting of children over twelve months was undertaken during 1920.

Routine visits are paid as early as possible after birth, and afterwards during the second, fourth, seventh and twelfth months. In cases where the condition of the child is satisfactory this is considered sufficient, but in cases where the Health Visitor thinks it necessary, extra visits are made as often as is required.

All cases of ophthalmia neonatorum are visited as soon as the notification is received, advice is given if a doctor is not already in attendance, and the parents advised to call in their medical attendant.

The following table is a summary of the methods of feeding adopted, at each of the ages at which the children are visited, for the last quarter of the year. No definite note seems to have been made previously as to these particulars.

	Month.				
Food.	1.	2.	4.	7.	12.
Breast only	126	117	94	81	11
Breast and cow's milk..	0	8	7	11	7
Breast and dried milk..	0	6	3	3	0
Breast and other food ...	0	2	0	6	12
Cow's milk only	1	12	10	29	3
Dried milk only	3	16	21	17	5
Milk and other food	0	1	4	4	4
Condensed milk	0	3	6	3	3
Patent foods	0	5	4	4	0
Other foods	0	1	0	0	33
Percentage of breast only	96.9	68.4	63.1	51.3	14.1
Percentage of breast partly		9.3	6.7	5.	25.

These figures do not cover a sufficient period to merit much comment, but they tend to agree with one's experience that most mothers commence by feeding their babies, and that a considerable number give it up at an early date for various reasons, not

the least of which is that, on first getting about after their lying in, the milk often tends to decrease. The common idea is that it is impossible to renew the flow, and it is a very difficult matter to disabuse the minds of many mothers of this fallacy.

There is also the usual group of children who are not weaned at twelve months. This group appears to be unusually large in this case, two-fifths being wholly or partially breast fed at twelve months.

SPENBOROUGH EDUCATION COMMITTEE

REPORT

OF THE

SCHOOL MEDICAL OFFICER

1920

Education Committee

Councillor REGINALD M. GRYLLS (Chairman)..

Councillor ALFRED HODGSON (Vice-Chairman).

Councillor J. R. ANDERSON.	Councillor H. HAYS.
,, T. E. BARNES.	,, HERBERT HIRST.
,, J. H. COLLIER.	,, E. RAMSDEN.
,, The Rev. A. J. ELEY	,, G. S. TAYLOR.
,, A. FELL.	,, A. WOOD.
Miss JACKSON.	Mrs. F. COOPER.
Mrs. GRYLLS.	W. A. FINCH, Esq.
NEWMAN CRABTREE, Esq.	R. GILL, Esq.
B. H. GOLDTHORP, Esq.	J. G. MOWAT, Esq.

School Medical Officer:
LAWRENCE PICK, M.R.C.S., L.R.C.P., D.P.H.

Director of Education:
J. W. H. BURY, Esq.

School Nurses:
Miss M. E. MAUDESLEY, Certif.C.M.B.
Miss L. ROBERTS, Certif.C.M.B.
Miss F. H. WILLIAMS, Certif.C.M.B.

Clerk: Miss E. J. LEWIS.

SPENBOROUGH EDUCATION AUTHORITY

ANNUAL REPORT

OF THE

SCHOOL MEDICAL OFFICER

To the Chairman and Members of the Education Committee.

Ladies and Gentlemen,

I herewith beg to present to you my first Annual Report of the School Medical Service in Spenborough.

The Urban District of Spenborough came into existence in April, 1915, as the result of an amalgamation of the three Urban Districts of Cleckheaton, Liversedge and Gomersal. Previously to this date, the School Medical Service was carried on by the West Riding Education Authority, but there does not appear to have been any routine medical inspection subsequent to the outbreak of war in August, 1914.

One result of the amalgamation was that Spenborough became an autonomous education authority under Part 3 of the 1902 Education Act, and responsible for the medical inspection and treatment of the children attending the schools in the district.

In April, 1917, Dr. E. R. F. Mason, of Gomersal, was appointed part-time School Medical Officer to the Education Authority, but, owing to war conditions, and the extra heavy work undertaken by those medical men who were not called up, any attempt at routine medical inspection was out of the question, and Dr. Mason confined his attention to special cases that were brought to his notice.

In April, 1915, Miss F. H. Williams was appointed School Nurse to the whole district, and also Health Visitor for Gomersal. Her duties consisted mainly in visiting the various schools at regular intervals in connection with cleanliness. She also brought certain obvious defects to the notice of the School Medical Officer.

In December, 1919, I was appointed School Medical Officer to the Spenborough Education Authority, and took up my duties early in the following April.

It was immediately obvious that, owing to conditions consequent upon the war, it would be necessary to organise the School Medical Service from the beginning.

There were a large number of medical inspection cards in the schools which had been used by the School Medical Officers of the West Riding, but only a comparatively small number of children then in school (April, 1920) had ever been examined at all, and there were no available premises in any way suitable for a school clinic.

At the beginning of May I laid a scheme for the institution of a School Medical Service before the Education Committee. This scheme provided for medical inspection, following up of defective children, treatment of minor ailments, skin diseases, etc., partly in the schools and partly at a proposed clinic, operations for enlarged tonsils and adenoids, correction of errors of refraction, treatment of ringworm of the scalp by X-rays, and dental inspection and treatment.

This scheme was approved by the Committee, and in July a corrugated iron hospital from Lofthouse detention camp was purchased for conversion into premises intended to house the whole of the Public Medical Services, including the school clinic.

A very central site was acquired in Valley Road, Liversedge, where the building is now (March, 1921) in course of erection.

I had hoped to be in a position to commence routine medical inspection in the summer of 1920 and treatment after the summer holidays, but various unavoidable delays postponed medical inspection until October. Treatment of minor ailments was commenced in the schools in January, 1921, and it is hoped that the opening of the clinic will take place before the end of the present year.

In July, 1920, Miss E. Maudesley and Miss L. Roberts were appointed School Nurses and Health Visitors. The whole district is divided into three sub-districts, and each Nurse acts as Health Visitor and School Nurse for one of these sub-districts.

The present Report must necessarily be short and incomplete owing to the comparatively small amount of work done, the greater part of the year having been taken up with preparation.

The Report is arranged generally in accordance with the suggestions of the Board of Education.

I wish to take this opportunity to render my best thanks to the Director of Education, Mr. J. W. H. Bury, for his very valuable assistance in the work of bringing the School Medical Service into being, and also to the Head Teachers of the various schools for the help they have given me, not only at my visits to the schools, but also in furnishing me with information I required.

I am,

Ladies and Gentlemen,

Your obedient servant,

LAWRENCE PICK.

CO-ORDINATION OF HEALTH SERVICES.

The School Medical Service, in common with the other health services of the town, are carried on in one department, the School Medical Officer being also Medical Officer to the Maternity and Child Welfare Centre. The School Nurses also act as Health Visitors, each one having, approximately, one-third the district assigned to her.

All records of children visited under the Notification of Births Act are transferred, when the child reaches the age of one year, to a "home visiting card." The child will then be visited at regular intervals until he arrives at school age, when any important records will be transferred to the school medical inspection card. By this means it will be possible to have, in the majority of cases, a complete medical record, so far as the public services are concerned, of the children in the area.

A Baby Clinic will be opened at the same time as the School Clinic, and it is intended that children of over twelve months and under school age will be admitted, when necessary, for treatment of minor ailments, etc., to the School Clinic.

With regard to the home visiting of the last-mentioned class of children, it is intended that one routine visit per year will be paid to each one. If the Nurse considers that further visits or other action is needed, she will act accordingly. In all cases an attempt will be made to induce the parents to call in their own medical attendant rather than to rely on the Clinic.

SCHOOLS.

There are twenty Public Elementary Schools in the Urban District of Spenborough. Of these, twelve are Provided and eight Non-Provided. Three of the Provided Schools and one of the Non-Provided consist of a Mixed Department only, and three other Provided Schools have only an Infants' Department. The other thirteen schools have both Mixed and Infants' Departments, making thirty-three departments in all.

The Schools are mostly of an old type, only two dating since the beginning of the century. Only one, Millbridge Upper, has a central hall, which is used as a class room. One other, Gomersal Council School, has a broad corridor running the length of the building, which serves the purpose of a central hall to a large extent.

In many of the Schools, the main school room is divided by movable glass partitions, but in spite of this arrangement it is in many cases necessary to hold two classes in one room.

The position of most of the Schools is good as regards air space around the building, but a few, notably St. John's, Westgate, and Whitcliffe Road, are rather closely shut in. The latter School adjoins an iron foundry, a most unsatisfactory site for many reasons.

The playground accommodation is fairly adequate on the whole, except at Whitcliffe Road, where it is very bad, and at Great Gomersal Non-Provided School, where it is rather inadequate.

VENTILATION.

The ventilation of the Schools seems in the whole to be quite satisfactory. Most of the class rooms are provided with a ceiling ventilator, and the windows are provided with hoppers. A considerable number of rooms have Tobin's tubes fixed. Except in a few instances, the air in the various rooms appears quite fresh and sweet, even when entering from the open air towards the end of the day. But there are some exceptions.

It is hoped during the present year to make a systematic examination of the conditions of the atmosphere in all the Schools.

LIGHTING.

The lighting of the Schools in the district varies greatly in different schools, and even in different class rooms of the same school. In the more modern schools—for example, Littletown, Gomersal Council, and Millbridge Upper—the lighting leaves

nothing to be desired. In other schools—St. John's for instance —the lighting is poor, at any rate in some of the class rooms, one of which is entirely lighted from the right. Probably the worst lighted school in the district is Whitcliffe Road Infants, which is very bad indeed.

Gas is used for artificial lighting purposes, and this appears to be adequate for the requirements of the schools.

WARMING.

This, on the whole, is quite efficient. On my visits to the schools during the winter months I have only on one or two occasions found the atmosphere of the schools uncomfortably low, and these few exceptions have been due to temporary conditions. All the mixed departments are heated for the most part with hot water pipes, and radiators are installed in most of the schools. In some of the schools there is an open fire in the babies' room. This is a great convenience for medical inspection during the winter months, when the babies' room is available, for though the temperature of the class room is quite sufficient for school purposes, I have found it, on occasion, too cold for the children when they are undressed for examination. I hope that in the future it will be possible always to conduct routine examinations in the winter in the babies' room in schools where this room has an open fire.

SANITARY ACCOMMODATION AND WASHING.

Facilities for washing are fairly adequate in most of the schools, Scholes, Whitcliffe Road, and St. John's Infants being exceptions to the general rule. In the latter school the accommodation for washing is most inadequate.

There is a plentiful supply of drinking water in all the schools.

Lavatories for boys and girls are, of course, separate, and where there is an infants' department the girls and infants use the same closets, a urinal being supplied for the infant boys. The flushes are in some cases automatic, in others hand, and in one case on the tippler system. I should suggest that the urinals in the boys' schools be flushed twice a day at least instead of once, as I understand is generally the case.

Table I. gives particulars of the heating, ventilation, and sanitary accommodation of the various schools.

Cloakroom accommodation varies. In the modern schools it is excellent, but in some of the older schools there is much room for improvement. The class rooms are generally kept clean and in good order. During 1920 a trial was given to "Dusmo" for three months in Whitcliffe Road and Norristhorpe Schools. The former school furnished a very severe test owing to the proximity of the foundry previously mentioned. The results in both schools were considered satisfactory, and a further trial was decided on in the schools. It will then be decided if this process is to be continued.

Many of the desks in the older schools are of a very old-fashioned type, but these are now being gradually replaced by modern desks, and in many cases by chairs and tables.

ARRANGEMENTS FOR DRYING CLOTHES AND BOOTS.

In the majority of schools, damp clothes are dried on the hot water pipes and radiators. In Gomersal Council School, hooks are specially arranged over the pipes for this purpose. Where there is an open fire in the infants' department this also is used for the purpose.

It is, moreover, a general instruction to head teachers to send home any child who arrives at school very wet.

Generally speaking, it seems that everything possible is done to promote the comfort and well-being of the children while in school.

Schools.	Rooms.	On Roll.	Heating.
Oakenshaw M.	6	182	Hot water pipes. Radiators in four rooms
Scholes M.	4	189	Hot water pipes and two fires.
Scholes I.	3	89	Hot water pipes and one fire.
Moorend M.	4	201	Hot water pipes and radiators.
Moorend I.	3	94	Hot water pipes. Fire in babies' room.
Whitcliffe Road M.	7	323	Hot water pipes.
Whitcliffe Road I.	3	127	Hot water pipes.
South Parade M.	4	154	Hot water pipes and radiators.
Westgate I.	2	71	Hot water pipes.
St. Luke's M.	4	152	Hot water pipes.
St. Luke's I.	3	83	Hot water pipes.
St. John's M.	6	297	Hot water pipes. Two rooms hot air flue.
St. John's I.	3	141	Hot water pipes and radiators.
Littletown M.	5	175	Hot water pipes and radiators.
Littletown I.	3	115	Hot water pipes. Fire in babies' room.
Millbridge Nat. M.	5	198	Hot water pipes and radiators
Millbridge Nat. I.	2	102	Hot water pipes and fires.
Millbridge Council M.	7	340	Hot water pipes and radiators.
Millbridge Council I.	3	132	Hot water pipes.
Norristhorpe M.	6	210	Hot water pipes and radiators.
Norristhorpe I.	3	103	Hot water pipes. Radiator in babies' room
Roberttown Council M.	3	119	Hot water pipes.
Roberttown Council I.	2	52	Hot water pipes.
Roberttown Nat. M.	3	95	Hot water pipes.
Roberttown Nat. I.	2	52	Hot water pipes.
Hightown National M.	4	168	Hot water pipes and radiators.
Knowler Hill I.	2	88	Hot water pipes. Fire in babies' room.
Hightown Council M.	5	188	Hot water pipes and radiators.
Hightown Council I.	4	111	Hot water pipes and radiators.
Gomersal Council M.	4	222	Hot water pipes.
Gomersal Council I.	3	92	Hot water pipes. Fire in babies' room.
Gomersal National M. and Central Hall	6	181	Hot water pipes. Fire in babies' room.
Gomersal National I.		71	

Ventilation.	Washing.	Sanitary Conveniences.
Hoppers, roof vent., Tobins tubes.	6 basins.	9 W.C. and urinal.
Hoppers and windows.	1 sink.	6 W.C. and urinal.
Windows.	2 basins.	Urinal. Share girls' W.C.'s
Windows, hoppers & roof ventilators.	7 basins.	10 W.C. and urinal.
	3 basins.	Urinal. Share girls' W.C.'s
Windows, hoppers, roof vent.	5 basins.	8 W.C. and urinal.
Windows and roof ventilator.	5 basins.	Urinal. Share girls' W.C.'s
Hoppers, Tobins tubes, roof vent.	4 basins.	11 W.C. and urinal.
Windows.	2 basins.	5 W.C. and urinal.
Windows.	4 basins.	8 W.C. and urinal.
Windows, roof ventilator.	4 basins.	6 W.C. and urinal.
Windows, roof ventilator.	5 basins.	9 W.C. and urinal.
Windows, hoppers, roof vent.	1 basin.	2 W.C.
Hoppers, Tobin tubes, roof vent.	6 basins.	9 W.C. and urinal.
Windows and roof ventilator.	3 basins.	Urinal. Share girls' W.C.'s
Windows, hoppers, roof vent.	6 basins.	13 W.C. and urinal.
Windows and hoppers.	3 basins.	Urinal. Share girls' W.C.'s
Windows, Tobin tubes, roof vent.	8 basins.	8 W.C. and urinal.
Windows, hoppers, roof vent.	6 basins.	6 W.C. and urinal.
Windows.	6 basins.	8 W.C. and urinal.
Windows.	3 basins.	4 W.C. and urinal.
Windows and roof ventilator.	6 basins.	5 W.C. and urinal.
Windows.	2 basins.	Share girls' W.C.'s.
Windows.	4 basins.	7 W.C. and urinal.
Windows.	2 basins.	Urinal. Share girls' W.C.'s
Windows and hoppers.	3 basins.	11 W.C. and urinal.
Windows and roof ventilator.	1 basin.	3 W.C.
Windows, hoppers, roof vent.	4 basins.	9 W.C. and urinal.
Windows, hoppers, Tobin tubes.	2 basins.	4 W.C. and urinal.
Windows, hoppers, roof vent.	11 basins.	11 W.C. and urinal.
Windows, hoppers, roof vent.	With Mixed.	Urinal. Share girls' W.C.'s
Windows and Tobin tubes.	6 basins.	6 W.C. and urinal.

MEDICAL INSPECTION.

All the schools are visited at regular intervals for the purpose of routine medical inspection. Generally speaking, every school is visited twice in every quarter, but it is found that one visit is sufficient for some of the smaller schools, while it may be necessary to visit some of the larger ones oftener.

Before the beginning of the quarter a notice is sent to the head teacher of each school intimating the dates and times at which his or her school will be visited for medical inspection. A few days before the visit is to be made a reminder is sent, together with the invitation cards. to the parents of the children who are due for examination. The head teacher then arranges the exact time at which each child is to be examined, and notifies the parents accordingly.

AGES OF EXAMINATION.

The age groups at which the children are examined follow as closely as possible the schedule of the Board of Education, viz.: (1) On entry; (2) Intermediate group, aged 8-9; leaver group, aged 12-14.

Owing to the fact that no medical inspection took place from 1914 till October. 1920, a large number of children have missed the first or second, or both the first and second examination, but it has been found possible to examine nearly all the children who would, under normal conditions, have been due for examination in 1920.

In actual practice, up to the present, the children have been examined (1) immediately on entry, no matter at what age; (2) during the quarter in which they attained the age of 8 years and 6 months; (3) during the quarter in which they became 12 years and 6 months old.

In point of fact, the second group is the only one that has been satisfactory as regards finding the children in school at the time of examination.

Children are admitted to the Infant Schools at three years of age, but their attendance, especially during the winter months, is very irregular. It is therefore intended for the future to defer the routine examination of the entrants until they reach the legal school age, 5 years. Any child below this age who appears to be ailing will be seen as a special case at the request of the head teacher, parent, or school nurse.

The inspection of the Leaver group has been greatly interfered with owing to the large number of " half-timers " amongst the older children. Owing to the number of schools in the district it has been found impossible to arrange special visits to deal with those who were absent at the time of routine examination. Now that no fresh children are becoming half-timers, this difficulty will automatically right itself in a short time.

The only children who are examined at ages other than the above are those who are entered in Spenborough schools after having been at school in other districts. These children are examined immediately on admission. Head teachers are invited to bring to the School Medical Officer's notice any case of defect that they may become aware of. These cases are dealt with as " specials " at the time of routine examination.

Cases of this nature are also brought to the notice of the School Nurse at her weekly visit to the schools for the treatment of minor ailments.

It is inevitable in the style of schools that exist in Spenborough that a certain amount of disturbance of school routine must take place. In most of the schools it is necessary to utilise one of the class rooms for the examination, and this naturally means that accommodation for the children displaced must be found in another class room, thus causing a certain amount of overcrowding. In one school the head master has a private room whch he very kindly places at my disposal. In two others it has been found quite impossible to find accommodation on the school premises, and the examinations take place on adjoining premises hired for the purpose.

The head teacher, having been supplied with a list of children to be examined, is able to send them in in order, and, consequently, the minimum amount of time is wasted by each child, the average time each one is away from class being probably less than a quarter of an hour.

My best thanks are due to the teachers for their co-operation in this matter.

FINDINGS AT MEDICAL INSPECTION.

MALNUTRITION.

Taken as a whole, the children attending the elementary schools in Spenborough are well nourished. Out of 777 children examined only 21 were noted as being "poorly," and of these only one or two were "badly" nourished. There were no children who seemed to be suffering from lack of sufficient food. The percentage of poorly nourished children was thus under three.

CLOTHING AND FOOTGEAR.

The children seen were for the most part well clothed and efficiently shod. In some schools it was not found necessary to note a single child as being deficient in this respect, or whose clothes were dirty or ragged. A large number of the children wear clogs, which, though very noisy, are greatly superior to inferior boots.

The greater number of the children with defective clothing and boots came from the southern end of the district, the numbers being:—

Defective clothes	52 ...	6.7 per cent.
Defective boots	13 ...	1.7 per cent.

UNCLEANLINESS.

Ninety children were found to be suffering from uncleanliness of the head in one form or another, giving a percentage of 11.6,

The majority of the defectives were girls suffering from nits in the hair. A few had pediculi, and a few of the boys had dirty scalps.

Forty-five children were found to have dirty bodies. The greater number were only slightly dirty, but all were noted who were not absolutely clean. The percentage of these children amongst all who were examined was 5.8.

A scheme for the inspection of children with regard to cleanliness has been instituted, and is carried out by the school nurses.

When conducting this inspection the nurse sees every child in the school and notes the condition, whether clean, with nits, pediculi, dirty scalps or dirty bodies. The names of the defectives are entered on a special card and the defect noted against the child's name.

Notices are then sent to the parents calling attention to the fact, and advising and giving directions for treatment.

In about ten days' time the nurse again visits the same school and re-inspects those children who were found to be defective at her previous visit. It is hoped by this means, and by following up the bad cases, that the greater number will be cured. The matter is a difficult one to deal with, the attitude of certain parents to this condition being most casual.

There are three main classes to be dealt with, namely—Parents who, in spite of ocular demonstration, declare no nits are present; parents who insist that, while the nits are there, they are all dead; and, finally, the most difficult to deal with, those who profess to believe that their children breed them (every spring or autumn), and that nothing is of any use to stop it. There are also a few parents who write letters expressing themselves insulted at the condition having been noticed.

Table II. gives a summary of the nurses' cleanliness inspections and re-inspections.

TABLE II.

SUMMARY OF HEAD INSPECTION, SEPTEMBER, 1920.

	No. Ex.	Nits only	Other Defs.	Clean	Per cent	Re-exam'd	Impr.	Per cent
South Parade and Westgate	177	35	8	134	75.7	41	41	100
Oakenshaw	168	33	15	121	72	46	45	90.53
Moorend	251	65	6	180	71.75	66	61	90.24
Scholes	245	42	3	200	81.63	50	48	96.
St. Luke's	209	25	2	182	87.	39	35	89.51
Millbridge Council	423	60	36	327	77.3	98	68	69.31
Whitcliffe Road	370	90	10	270	72.91	116	99	85.86
Gomersal Nat.	217	29	21	168	77.1	60	41	68.33
Gomersal Coun.	263	16	17	230	87.1	32	18	56.22
St. John's	372	44	49	287	77.6	83	38	45.78
Littletown	250	46	22	182	72.1	48	39	81.21
Hightown Nat. and K.H.	218	35	10	173	79.32	43	35	81.39
Hightown Council	244	49	19	176	72.12	57	44	77.11
Norristhorpe	280	72	7	201	71.71	67	58	86.51
Millbridge National	280	37	9	236	84.21	42	28	66.1
Roberttown Coun.	144	21	11	112	77.71	26	21	80.71
Roberttown Nat.	123	16	8	99	80.48	21	16	76.2
	4234	715	253	3266	77.1	935	735	78.6

MINOR AILMENTS.

There were comparatively few of these cases found during the routine examinations. The greater number of them were slight cases of bronchial catarrh and slight degrees of anæmia. Most of these cases were so slight that they were referred for observation only, but five cases of bronchitis and two of anæmia were reported to their parents as requiring immediate medical attention.

I feel that, as a matter of fact, all cases of anæmia, however slight, should be referred for treatment, particularly those cases occurring in the leaver group. But it is extremely difficult to impress on parents the necessity for treatment in these cases.

It may here be mentioned that three children were found to be suffering from an infectious complaint, namely, influenza, whooping cough, and chicken pox. Another child was found to be suffering from a mild attack of acute rheumatism.

ENLARGED TONSILS AND ADENOIDS.

One hundred and seventy-seven children were found to be suffering from enlarged tonsils, adenoids (definite or suspicious), or both. The great majority of the cases of enlarged tonsils were of a very slight degree, and these were referred for future observation; but 19 cases of enlarged tonsils, three cases of adenoids, and one case of enlarged tonsils with definite adenoids were referred for treatment.

TUBERCULOSIS.

Twelve cases of tuberculosis were found during the inspections. Three were definite pulmonary cases, and these were already attending the West Riding Tuberculosis Dispensary at Liversedge. The other pulmonary cases were advised to attend at the Centre, as was also a case of tuberculous disease of the knee joint.

SKIN DISEASE.

A surprisingly few cases of skin disease were found among the children inspected. Not a single case of scabies was discovered, and only two cases of definite impetigo. Three cases of ringworm of the scalp and two of the body were found. The former were, of course, excluded.

From general observations, apart from routine inspections, there appears to be a considerable amount of ringworm in the district, but I hope that when the arrangements, now under consideration, for the treatment of this condition by X-rays materialise, its incidence will rapidly diminish. Most of the rest of skin disease found was urticaria, due probably to errors of diet.

EXTERNAL EYE DISEASE.

These cases again were not very numerous, all but three being blepharitis. Many of these were quite slight, but there was one exceptionally bad case which was of very old standing, and had been neglected for years. The school nurse commenced treatment at once under my directions, and improvement has been marked.

DEFECTIVE VISION AND SQUINT.

Eight cases of squint were met with in the routine inspections, and ninety-one cases of defective vision.

Vision was usually classed as defective when is was worse than 6/9 in either eye. Of these 99 cases, 85 were referred for treatment on the opening of the Clinic. The other 14 were referred for further observation.

No special attempt has been made to discover cases of latent hypermetropia, but a few children have been met with in whom it is probable that this condition exists. These have also been referred for further observation.

EAR DISEASE AND DEAFNESS.

Nine cases of otitis media were discovered, and of these, eight were referred for treatment. The other cases of ear disease were for the most part accumulations of wax in the external meatus. The worst of these were referred for treatment by syringing. Very few cases of deafness were discovered. This is very largely due to the very great difficulty in detecting this condition owing to the extraneous noises that are continually going on. This, I am aware, is unavoidable, owing to the examinations having to take place actually in the schools.

DENTAL DEFECTS.

Up to the present no school dentist has been appointed, but the Education Committee intend to make such an appointment shortly, when a full scheme of dental inspection and treatment will be instituted.

At the routine inspection the teeth of each child are examined, but without mirror or probe, and consequently many carious teeth are missed which would be detected if more thoroughly searched for by a dental surgeon.

In spite of this, however, no fewer than 553 children had one or more decayed teeth, leaving a residue of 224 with apparently sound teeth, a percentage of under 20.

Table IV. shows the number of children with sound teeth, with one to three carious and with four or more decayed teeth, for seven years and under, and for those over seven.

TABLE III.

ROUTINE INSPECTION. RESULTS OF VISION TESTING.

	Boys	Girls
Normal Vision	180 children	164 children
6/6 Right	15 eyes	19 eyes
Left	13	21
6/9 Right	18	41
Left	15	34
6/12 Right	9	15
Left	10	19
6/18 Right	5	7
Left	6	12
6/24 Right	4	9
Left	7	5
6/36 Right	4	5
Left	4	4
6/60 Right	1	1
Left	1	2
6/0 Right	0	4
Left	1	4
Not tested	3 children	3 children
Spectacles	0	1 child
Examined	230	268
		Total 498
With normal vision	73.9 per cent.	61.2 per cent.
Requiring treatment	85	

TABLE IV.

	Under 7 years		Over 7 years		Total	
	No.	%	No.	%	No.	%
All teeth sound	92	33	66	13.3	158	20.3
1 to 3 carious	116	41.6	217	43.4	333	42.9
4 or more carious	71	25.4	215	43.3	286	36.8

CRIPPLING DEFECTS.

One boy was found to be definitely suffering from epilepsy. He is attending school fairly regularly, but will probably require removal later on. Three cases of infantile paralysis were among the children seen. They were all quite capable of attending school. There was also a case of Erb's paralysis.

Four cases of spinal curvature were met with, but all were of a slight degree.

The cases of rickets met with affected the chest and head to about an equal extent.

ESTIMATION OF MENTAL CONDITION.

The head teachers are requested to furnish the School Medical Officer with their estimate of the mental capacity of the children examined. This is naturally a very rough and ready method, as the returns depend largely on the standard set up by individual teachers, and they must perforce be guided by the position of the child in school, which depends often on many other factors besides mental capacity.

Obviously, time does not permit of the mental condition of each child being gone into thoroughly at the time of examination. One child was tested during the year by the Binet and Simon method. He was a boy of eleven, whose mental age, as shown by the test, was seven. He was, as well, very unbalanced. This case is now under consideration, and the boy will probably be removed to an institution for feeble-minded children.

It is hoped that in time it will be possible to make a full investigation of all children who, from their position in school, appear to be backward or mentally deficient.

The estimation of mental capacity is only recorded for the children attending the mixed departments, 498 in all.

Table V. records the results found in 1920.

TABLE V.

	Boys.	Girls.	Total.
Examined	230	268	498
Above normal	6	6	12
Per cent.	2.6	2.2	2.4
Subnormal	10	24	34
Per cent	4.3	9.	6.8
Dull	5	1	.6
Per cent.	2.2	.4	1.2
Normal	208	237	445
Per cent.	90.9	88.4	89.6

SPECIAL SCHOOLS.

No special schools for mental defectives have as yet been established in Spenborough. Whether one or more of such schools will be necessary will depend largely on the number of true mental defectives found in the district on investigation.

I am afraid the problem will be a difficult one to solve, for if one central school for these children were established it would be very inconvenient for some parts of the district, no matter where it were situated. On the other hand, if small classes for mental defectives were established in different parts of the district, it is difficult to say at which schools they could be held, as there do not seem to be any spare rooms at any of the schools, and, of course, a school for mental defectives could not be held in a room in which ordinary school work was being carried on.

This is a matter which will require serious consideration in the near future.

HEIGHT AND WEIGHT.

All children were weighed and measured at the time of examination. Table VI. gives the results recorded, the heights in inches and centimetres and the weights in pounds and kilogrammes.

TABLE VI.

HEIGHTS AND WEIGHTS.

BOYS.		Height.		Weight.		Averages.	
		Inches.	Cent.	lbs.	kg.	Inches.	Inches.
3 years	30	37.09	94.21	33.95	15.43	35	31.2
4 years	107	36.62	93.01	33.49	15.22	38	35
5 years	1	39	99.06	30.75	13.98	41.7	41.2
6 years	1	48.62	123.49	55.25	25.12	44.1	45.1
8 years	50	49.82	126.54	56.86	25.84	48.2	54.5
10 years	1	50.5	128.27	63.5	28.86	52.2	66.6
12 years	99	53.65	136.27	71.73	32.6	55.8	79.8
13 years	77	54.99	139.67	73.8	33.54	58.2	88.3
14 years	2	53.	134.02	60.25	27.34	61.	99.3
GIRLS.							
3 years	26	36.62	93.01	31.95	14.52	35	30
4 years	109	38.59	98.01	35.67	16.21	38	34
5 years	1	47.5	120.65	43.75	19.89	41.4	39.8
8 years	73	47.08	119.58	48.5	22.04	48	52
12 years	108	55.32	140.61	71.43	32.47	57.1	81.4
13 years	82	56.15	142.62	77.15	35.07	58.7	91.2
14 years	7	59.8	151.89	87.1	39.59	60.3	100.3

The two last columns of the table give the average heights (in inches) and weights (in pounds) of children of various ages. These figures are taken from Holt's Diseases of Infancy and Childhood.

It will be seen from a comparison of the several columns of the table that the infant girls are rather above the average both in height and weight, while the infant boys (except the three-year-olds) are below. The position is reversed in the intermediate group, the boys being a little above and the girls a little below the average.

In the leaver group both boys and girls are definitely below the average, both in height, and still more in weight. The average deficiency in height is just 4 per cent., and in weight 13.3 per cent.

It will be interesting to see whether the abolition of "half-time" will effect an improvement in these figures in the future.

VACCINATION.

I regret to have to record that a very large number of the children in this district are totally unprotected against smallpox. Vaccination marks were totally absent in no less than 51.9 per cent. of all the children examined, while of the infants under seven years of age no less than three-quarters (75.2 per cent.) were unvaccinated.

Of the older children 60.2 per cent. show marks of some kind.

Those showing three or four good cicatrices amounted to only 7.7 per cent. of the infants examined, and to 24 per cent. of the older children.

These figures, though only referring to about one-sixth of the children in the elementary schools, seem to point not only to a rapid diminution in the practice of vaccination, but also to the fact that individual vaccinations are less successful than formerly. Amongst the infants, fewer than one-third of those vaccinated show three or four good marks, while amongst the older children two-fifths appear to be properly protected.

This condition of affairs is a very serious one, and is rendered even more so by the total absence of re-vaccination, of which no single case was seen. There seems to be among many of the parents a very definite hostility towards vaccination, considerably more than I have met with elsewhere, often accompanied by an appearance of pride and satisfaction that their children are left unprotected.

There was a considerable outbreak of smallpox in 1920 not very far from Spenborough, and should the disease gain a footing here, the difficulties in coping with it will be greatly increased by the attitude adopted towards vaccination by a very large section of the public.

TABLE VII.

VACCINATION.

	Under 7 yrs.	Over 7 yrs.	Total.
Examined	274	496	770
Unvaccinated	206	194	400
Per cent.	75.2	39.1	51.9
With 3 or 4 good marks....	21	119	140
Per cent. of those examined	7.7	24	18.2
Per cent. of those vaccinated	31	39.7	37.8

CONTROL OF INFECTIOUS DISEASE.

The head teachers are supplied with instructions as to the exclusion from school of children suffering from infectious disease and of contacts. No difficulty is experienced in dealing with cases of scarlet fever, diphtheria, and other notifiable diseases, as such cases are brought to the notice of the Health Department immediately, the houses visited and disinfected, and instructions given to keep contacts from school until all fear of infection has passed.

In these cases, head teachers are also requested to re-exclude at once any child who returns to school after absence due to such diseases who is found to be suffering from any aural or nasal discharge.

With regard to cases of whooping cough, measles, chicken pox, and mumps, control is more difficult, those diseases not being notifiable. The only certain method of becoming acquainted with their occurrence is through the head teachers, who are requested to inform the School Medical Officer of the name and address of any child who is absent from school and is alleged to be suffering from one of these diseases. On becoming aware of such a case, one of the school nurses visits the child's home and verifies it. If a medical man is in attendance, no further action is taken. If not, and if the child seems very unwell, or if there seems to be a doubt as to the diagnosis, the parents are advised to consult a medical man at once.

A scheme is under consideration by which the department will have the help of the local Nursing Associations for nursing cases of measles and other cases occurring among school children that may require skilled nursing.

Contacts, in cases of measles, whooping cough, chicken pox and mumps are excluded from school if they are attending an infant school, but if they are attending a mixed department, and there is reasonable evidence that they have had the disease in question, they are not excluded.

Small localised outbreaks of measles, chicken pox and mumps occurred during the year, the worst being an epidemic of mumps affecting St. John's School chiefly, but it was not considered necessary to make any closing order.

TABLE VIII.

INCIDENCE OF SCARLET FEVER AND DIPHTHERIA AMONG SCHOOL CHILDREN.

SCHOOL		Jan.	Fb	Ma	Ap	My	Ju	Jy	Au	Se	Oct	No	De	Tot
Oakenshaw	S.F.	—	—	—	—	—	—	—	—	—	2	—	—	2
	Dip.	—	—	—	—	—	—	—	—	—	—	—	—	—
Scholes	S.F.	—	—	—	—	—	—	—	—	—	—	—	—	—
	Dip.	—	—	—	—	—	—	—	—	—	—	—	—	—
Moor End	S.F.	—	—	—	—	—	—	—	—	1	1	2	—	4
	Dip.	1	—	—	—	—	—	—	—	—	2	—	—	3
Whitcliffe Road	S.F.	—	—	—	—	—	—	—	—	1	2	—	1	4
	Dip.	—	—	—	—	—	—	1	—	—	—	1	—	2
South Parade	S.F.	—	—	—	—	—	—	—	—	—	—	—	—	—
	Dip.	—	—	—	—	—	—	—	—	—	—	—	—	—
Westgate	S.F.	—	—	—	—	—	—	—	—	—	—	—	—	—
	Dip.	—	—	—	—	—	—	—	—	—	—	—	—	—
St. Luke's	S.F.	1	—	—	—	—	—	—	—	—	—	—	—	1
	Dip.	—	—	—	—	—	—	1	—	—	—	—	—	1
St. John's	S.F.	—	—	—	—	—	—	—	1	1	1	2	1	6
	Dip.	—	1	—	—	1	—	2	—	—	—	—	—	4
Gomersal C.	S.F.	—	—	—	1	—	—	1	—	1	—	—	—	3
	Dip.	—	—	—	—	—	—	—	—	—	—	—	—	—
Hill Top	S.F.	—	—	2	—	2	2	1	—	—	—	—	—	7
	Dip.	—	—	—	—	2	—	—	1	—	3	1	1	8
Littletown	S.F.	1	—	1	—	1	1	—	—	—	—	1	—	5
	Dip.	1	1	—	—	—	—	—	—	—	—	—	1	3
Millbridge Council	S.F.	—	—	—	3	—	—	—	—	—	—	—	—	3
	Dip.	1	1	—	—	1	—	—	—	—	—	—	—	3
Millbridge National	S.F.	—	—	—	—	—	—	1	—	—	—	—	—	1
	Dip.	—	—	—	—	—	—	—	—	—	—	—	—	—
Norristhorpe	S.F.	—	—	—	—	—	—	—	—	—	—	2	—	2
	Dip.	—	—	—	—	1	—	—	—	—	—	—	—	1
Roberttown Council	S.F.	—	—	—	—	—	—	—	—	—	2	—	1	3
	Dip.	—	—	—	—	—	—	—	—	—	—	—	1	1
Roberttown National	S.F.	—	—	—	—	—	—	—	—	—	—	—	—	—
	Dip.	—	—	—	—	—	—	—	—	—	—	—	1	1
Hightown National	S.F.	—	—	—	—	—	—	1	—	—	3	7	—	11
	Dip.	—	—	—	—	1	—	—	—	—	—	1	—	2
Knowler Hill	S.F.	—	—	—	—	—	—	—	—	1	1	2	—	4
	Dip.	—	—	—	—	—	—	—	—	—	—	1	—	1
Hightown Council	S.F.	—	—	—	—	—	—	—	—	—	—	—	—	—
	Dip.	—	—	—	—	—	—	1	—	—	—	—	—	1
All Schools	S.F.	2	—	3	4	3	3	4	1	5	12	16	3	56
	Dip.	3	3	—	—	6	—	5	1	—	5	4	2	31

Fifty-six cases of scarlet fever and 31 of diphtheria occurred in 1920 among the children attending the Spenborough schools. Twenty-eight of the scarlet fever cases occurred during October and November, and 13 of these affected children attending Hightown National and Knowler Hill Schools. There appeared at one time a possibility of a considerable epidemic, but towards the end of November the outbreak suddenly ceased.

Of the 31 cases of diphtheria, eight occurred among the children at Hill Top School, Gomersal, and five of these in the last quarter of the year. No other school had more than four cases throughout the year.

Table VIII. shows the incidence of scarlet fever and diphtheria in the various schools during the past year.

FOLLOWING UP. DUTIES OF SCHOOL NURSES.

The full scheme of following up is not yet in operation, as during 1920 no treatment was undertaken by the Authority.

The following is the method adopted for keeping in touch with defective children, and will come into full operation on the opening of the School Clinic.

Spenborough, being a somewhat scattered district, and many of the schools being a considerable distance from the proposed Clinic, it has been thought desirable to carry out certain treatment in the schools themselves in order to save the time that would be otherwise occupied by the children travelling to and fro between school and clinic.

Treatment in the schools began in January of this year.

The cases treated in the schools are minor ones, e.g., wax in the ears, sores, blepharitis, etc. On a child being found defective at the routine inspection, and the defect being considered one suitable for treatment in school, a note is sent to the parents of the child acquainting them of the fact, and informing them remedial measures. In cases requiring urgent treatment, the nurse visits the child's home within a day or two.

Parents are in all cases advised to take their children to their own doctors if they so desire, and are, in that case, asked to acquaint the School Medical Officer that treatment has been carried out.

The school nurses also act as health visitors. The district has been divided into three portions, each nurse having one sub-district assigned to her.

The duties of the nurses are as follows:—

She attends the schools with the School Medical Officer on the days of his routine inspections, weighing and measuring the children, and roughly testing their vision with the types. Each nurse pays one visit per week to each of her schools for the purpose of treatment.

Twice a year a cleanliness inspection is carried out, involving at least two visits to each school.

On the notification by a head teacher that any child is suffering from measles, whooping cough, chicken pox or mumps, the nurse visits the case, verifies its existence, gives any advice that she may deem necessary, and advises the calling in of medical advice when required. In addition, each nurse acts as health visitor for her district.

On the opening of the Clinic one nurse will be in attendance at each General Clinic and each Dental Clinic, and will visit the schools with the Dentist at his inspections. Two nurses will be required at the Throat and Nose Clinic.

The above constitutes the work of the school nurses, actual and proposed. I do not consider that three nurses are sufficient to carry out these duties efficiently. At present, not more than one visit to each school can be provided for. The ideal condition is for each school to be visited daily by the nurse. This is hardly possible in such a district as Spenborough, but two or three visits ought to be paid to each school every week. Of course, in the smaller schools a nurse's visit does not take up a whole morning or afternoon.

MEDICAL TREATMENT.

As before stated, no medical treatment was undertaken by the Authority in 1920. A certain number of children suffering from defects requiring urgent treatment, who were met with at the medical inspections, were referred to their own doctors.

Tuberculosis cases were advised to attend the West Riding Tuberculosis Dispensary in Liversedge.

A scheme has been considered and has been agreed to by the Education Committee for the treatment of enlarged tonsils and adenoids, dental defects, and ringworm of the scalp.

The treatment of minor ailments (other than those now being treated in the schools), skin diseases, and defects of vision will be treated at the School Clinic.

OPEN-AIR EDUCATION.

Spenborough is not provided with any open-air schools or class rooms, but during the summer, whenever the weather permits, all classes are held in the playgrounds so far as this is posible.

School journeys are frequent, visits being made to places of historical and other interest in the neighbourhood.

PHYSICAL TRAINING.

There is no organiser of physical training in the district, but the syllabus of the Board of Education is carried out by the teaching staff.

PROVISION OF MEALS.

This, I understand, has never been found necessary in the district, but if at any time circumstances should make it necessary, feeding of necessitous children would be adopted.

In certain of the infant schools milk and cocoa is supplied to the children at cost price.

This I consider a very excellent thing, and might well be extended to all schools. This would, of course, entail a considerable amount of extra work on the staff, and would take up a lot of time. consequently it might not be possible to supply all children with milk, but there are a certain number of weakly children in all the schools that would benefit greatly by a cup of milk each morning.

SCHOOL BATHS.

The elder children (those over eleven) attend the Cleckheaton and Heckmondwike municipal baths at regular times during the summer months to receive instruction in swimming.

Children primarily go to the baths to learn to swim, and those who can already do so do not attend unless the number of learners in each school is not sufficient to make up the regular number.

Swimming is not compulsory, but all children over eleven are taught if their parents so desire, with the exception of those attending Oakenshaw School.

Certificates of proficiency are granted; second class to those who can swim 25 yards, and first class certificates to those who can swim 50 yards breast stroke and 25 on the back.

In addition, the Council give a free pass to those who can swim a quarter of a mile. No child is allowed to compete for this pass until he or she reaches the age of 13, it being rightly considered that the exertion is too great for younger children.

During the season of 1920, 80 children gained the second class certificate, namely, 31 boys and 49 girls; 47 gained the first class certificate, 24 boys and 23 girls; while 18 children, 3 boys and 15 girls, obtained the Council's free pass.

It is rather remarkable that the girls seem to have shown more aptitude and keenness than the boys, 87 of the former having gained honours as against 58 of the latter.

CO-OPERATION OF PARENTS.

A notice is sent to the parents of each child due for examination, requesting their attendance.

These invitations are sent in bulk to the head teacher of the school concerned, who fills in the time the child is to be examined, and sends it home by the child.

The response of the parents is fair in the mixed schools, and very gratifying in the infants' departments.

The percentages of parents attending the examinations are:

Mixed Schools		46.1
Boys	42.6	
Girls	49.3	
Infant Schools		73.
Boys	67.4	
Girls	78.5	

CO-OPERATION OF TEACHERS.

Great assistance is obtained from the teachers in the various schools in bringing cases of defects to the notice of the Medical Officer or of the School Nurses. Many cases are thus discovered which would be otherwise missed.

At the routine medical inspection the head teachers arrange the order in which the children are to be seen, and send up for inspection any special cases that they may consider require seeing.

Although the nurses' weekly visits to the schools are primarily for the purpose of the treatment of minor ailments found during the medical inspections, teachers are requested to bring to her notice at that time any case of defect not seen by the Medical Officer whom they may think requires treatment.

When any child is excluded from school by the School Medical Officer, a duplicate of the certificate of exclusion is sent immediately to the head teacher of the school at which the child attends.

This certificate states the number of days for which the child is excluded, and the teacher is thus able to ensure that the child does not return to school too soon, and, on the other hand, is able to call the Attendance Officer's attention to any child who does not return to school on the expiration of the certificate.

CO-OPERATION OF ATTENDANCE OFFICERS.

On the exclusion from school of any child by the School Medical Officer, a duplicate of the certificate is immediately sent to the Education Office for the information of the Attendance Officers. By this means that department is kept aware of those children who are absent from school legitimately.

It is intended, on the opening of the Clinic, that the attendance department will be kept informed of those children who are excluded from school for treatment at the Clinic, but who fail to seek such treatment, but at present the scheme is not fully worked out.

The Attendance Officers refer children who are absent from school for alleged illness to the School Medical Officer if they are doubtful of the genuineness of the case, and failing the production of a certificate from the usual medical attendant.

CO-OPERATION OF VOLUNTARY SOCIETIES.

The greatest assistance is rendered in many cases, otherwise very difficult to deal with, by the National Society for Prevention of Cruelty to Children. The officers of this Society are in a position to bring great pressure to bear on certain neglectful parents who will take no notice of anybody else. Fortunately, the number of such parents does not seem to be a large one in Spenborough.

A most valuable voluntary society exists in the Cleckheaton Cripples' Clinic. Here cases of deformity of all kinds are dealt with under the direction of Major Phillips, of Bradford.

BLIND, DEAF, AND EPILEPTIC CHILDREN.

No special investigation has yet been undertaken for the grouping of this class of defects beyond the school census, the findings of which are shown in Table III. (B. of E.)

So far, no totally blind or deaf child or deaf mute has been discovered either at the routine medical inspections or as special cases.

Two epileptics have been seen, one at the school examination and the other at hospital when suffering from scarlet fever.

No definite scheme has yet been formulated for dealing with these cases.

NURSERY SCHOOLS, SECONDARY SCHOOLS, AND CONTINUATION SCHOOLS.

There are no nursery schools in Spenborough, but children are admitted to the elementary schools on attaining their third birthday. These children will not in the future come under the routine examination until they are five years old, but will be seen as specials when necessary.

The Education Authority carries on no work in connection with secondary or continuation schools.

EMPLOYMENT OF CHILDREN.

The bye-laws regulating the employment of children and young persons came into force in July, 1920.

The bye-laws prohibit the employment of children (i.e., persons under 14 years of age) in the following occupations: As lather boy or girl, in kitchens of hotels, restaurants, etc., in public billiard rooms, on licensed premises, selling programmes or refreshments in theatres, etc., collecting or sorting rags and refuse, as attendants in shooting galleries and similar premises, or in any slaughter-house.

No child under 12 may be employed in any capacity whatever.

A child between 12 and 14 years of age may be employed—

(a) On school days between 5 p.m. and 7 p.m.

(b) On week-days when school is not open, for not more than 5 hours between 9 a.m. and 7 p.m., and for not more than 16 hours in any week.

(c) For the sale or delivery of milk and newspapers.

A child between 12 and 14 may be employed for these purposes for one hour, 7 to 8 a.m., on week-days, and for not more than one hour after school, and on Sundays for not more than two hours between 7 and 10 in the forenoon.

Before a child between twelve and fourteen can receive a license to carry on the occupation of delivering milk or newspapers, a certificate has to be obtained from the School Medical Officer to the effect that this work will not be prejudicial to his health or education.

From July to December, 1920, there were fourteen applications for certificates, all from boys. Most of them were granted, but the following were refused:—A half-timer, as it was considered that the boy was doing enough work for his age; a boy with rheumatic endocarditis; and also one who had been away from school for extended periods owing to lung trouble.

Nine of the applicants wished to deliver newspapers, four wanted to be errand boys, and one was going to deliver milk.

These bye-laws have no doubt caused some inconvenience to tradesmen and the public, but the fact that over 20 per cent. of the applicants had to be refused clearly points to their necessity.

OFFICIAL TABLES.

The official statistical tables have been filled up as fully as possible, but those referring to treatment have perforce been omitted.

TABLE I.

NUMBER OF CHILDREN INSPECTED 1st JANUARY TO 31st DECEMBER, 1920.

A.—ROUTINE MEDICAL INSPECTION.

	Entrants					
Age	3	4	5	6	Other Ages	Total
Boys ...	30	106	1	1	—	138
Girls ...	26	108	1	—	—	135
Total ...	56	214	2	1	—	273

	Inter-mediate Group	Leavers			Other Ages	Total	Grand Total
Age	8	12	13	14			
Boys ...	58	95	82	2	1	238	276
Girls ...	65	104	90	7	0	266	401
Totals ...	123	199	172	9	1	504	777

B.—SPECIAL INSPECTIONS.

	Special Cases	Re-Examinations
Boys ...	35	—
Girls ...	27	—
Totals ...	62	—

Total number of individual children inspected by the School Medical Officer.

Number of children inspected, 838.

TABLE II.

RETURN OF DEFECTS SHOWN IN THE COURSE OF MEDICAL INSPECTION.

A.—ROUTINE INSPECTIONS. B.—SPECIALS.

1. Number referred for treatment.
2. Number referred for observation.

TABLE II.

RETURN OF DEFECTS FOUND AT MEDICAL INSPECTION.

Defect or Disease	A.		B.	
	1	2	1	2
Malnutrition		21		
Uncleanliness:—				
Head		90		
Body		45		
SKIN.				
Ringworm:—				
Head			1	
Body	2			
Scabies				
Ibpetigo	1	1	3	1
Other diseases (non-tubercular)	5	12		
EYE.				
Blepharitis	13	6	2	
Conjunctivitis	3			
Keratitis				
Corneal Ulcer			1	
Corneal Opacities				
Defective Vision	80	11	3	
Squint	5	5	3	
Other conditions	2	3	1	
EAR.				
Defective Hearing	3	1	1	
Otitis Media	8	1	1	
Other Ear Diseases	29	67		

TABLE II—*Continued.*

Defects	A.		B.	
	1	2	1	2
NOSE AND THROAT.				
Enlarged Tonsils	19	141		
Adenoids	3	12		
Enlarged Tonsils and Adenoids	1	1		
Other conditions	1	15		
Enlarged Cervical Glands (non-tuberculous)		7		
Defective Speech		12		3
HEART & CIRCULATION.				
Organic Heart Disease		10		
Functional Heart Disease		9		
Anæmia	2	20		
LUNGS.				
Bronchitis	5	40		
Other non-tuberculous Disease		9		
TUBERCULOSIS.				
Pulmonary definite	3	1		
suspected		3		
Non-pulmonary Glands		4		
Spine				
Hip				
Other bones & joints	1			
Skin				
Other forms				
NERVOUS SYSTEM.				
Epilepsy	1			
Chorea				1
Other conditions		8		
DEFORMITIES.				
Rickets		17		
Spinal Curvature		4		
Other forms		11		
Other Defects and Diseases	7	13	2	1

Number of individual children having defects which required treatment or to be kept under observation: 498.

TABLE III.

NUMERICAL RETURN OF ALL EXCEPTIONAL CHILDREN IN THE AREA, 1920.

		Boys	Girls	Total
BLIND (including partially blind), within the meaning of the Elementary Education (Blind and Deaf Children) Act, 1893.	Attending Public Elementary Schools			
	Attending Certified Schools for the Blind			
	Not at School			
DEAF and DUMB (including partially deaf), within the meaning of the Elementary Education (Blind and Deaf Children) Act, 1893.	Attending Public Elementary Schools			
	Attending Certified Schools for the Deaf			
	Not at School			
FEEBLE-MINDED.	Attending Public Elementary Schools			
	Attending Certified Schools for Mentally Defective Children			
	Notified to the Local Control Authority by the Local Education Authority during the year			
	Not at School			
MENTALLY DEFICIENT. Imbeciles. Idiots.	At School	1		1
	Not at School			
EPILEPTICS.	Attending Public Elementary Schools	1		1
	Attending Certified Schools for Epileptics			
	In Institutions other than Certified Schools			
	Not at School			
PULMONARY TUBERCULOSIS.	Attending Public Elementary Schools	2	1	3
	Attending Certified Schools for Physically Defective Children			
	In Institutions other than Certified Schools			
	Not at School	1	1	2
PHYSICALLY DEFECTIVE. Crippling due to Tuberculosis	Attending Public Elementary Schools		2	2
	Attending Certified Schools for Physically Defective Children			
	In Institutions other than Certified Schools			
	Not at School			

TABLE III—*Continued.*

		Boys	Girls	Total
Crippling due to causes other than Tuberculosis, i.e., Paralysis, Rickets, Rheumatism.	Attending Public Elementary Schools			
	Attending Certified Schools for Physically Defective Children			
	In Institutions other than Certified Schools			
	Not at School			
Other Physical Defectives, e.g. delicate and other children suitable for admission to Open-Air Schools; Children suffering from severe Heart Disease.	Attending Public Elementary Schools	2		2
	Attending Open-Air Schools...			
	Attending Certified Schools for Physically Defective Children, other than Open-Air Schools			
	Not at School	1	1	2
Dull or Backward.	Retarded 2 years			
	Retarded 3 years			

TABLE IV.

TREATMENT OF DEFECTS OF CHILDREN DURING 1920.

A.—TREATMENT OF MINOR AILMENTS.

Disease or Defect	Number of Children			
	Referred for Treatment	Treated		
		Under Local Education Authority's Scheme	Otherwise	Total
SKIN.				
Ringworm, Head	3		3	3
Body	2		2	2
Scabies				
Impetigo	4		4	4
Minor Injuries	5		5	5
EAR DISEASE	42			
EYE DISEASE (external and other)	22		11	11
MISCELLANEOUS	1		1	1

TABLE V.

SUMMARY OF TREATMENT OF DEFECTS AS SHOWN IN TABLE IV.

Disease or Defect	Number of Children			
	Referred for Treatment	Treated		
		Under Local Education Authority's Scheme	Otherwise	Total
Minor Ailments	79		26	26
Defects of Nose and Throat ...	91		4	4
Visual Defects	24		1	1
Dental Defects				
Other Defects	18		12	12
Total	212		43	

TABLE VI.

Summary relating to Children Medically Inspected at the Routine Inspections during the year 1920.

(1) The total number of children medically inspected at the routine inspections 777

(2) The number of children in (1) suffering from—

Malnutrition	21
Skin Disease	23
Defective vision (including squint)	101
Eye disease	27
Defective hearing	4
Ear disease	105
Nose and throat disease	177
Enlarged cervical glands (non-tuberculous)	7
Defective speech	12
Dental disease	619
Heart Disease—	
Organic	10
Functional	9

TABLE VI—*Continued.*

Anæmia	22
Lung disease (non-tuberculous)	54
Tuberculosis—	
Pulmonary, definite	4
suspected	3
Non-pulmonary	5
Diseases of the nervous system	8
Deformities	32
Other defects and diseases	20

(3) The number of children in (1) suffering from defects (other than uncleanliness or defective clothing or footgear) who require to be kept under observation (but not referred for treatment) 448

(4) The number of children in (1) who were referred for treatment (excluding uncleanliness, defective clothing, etc.) 219

(5) The number of children in (4) who received treatment for one or more defects (excluding uncleanliness, defective clothing, etc.) 43

GLOSSARY

ADENOIDS.

A soft growth occurring at the back of the nose and upper part of the throat which interferes with proper breathing. Held by many to be caused by the use of a " dummy " in infancy.

ANÆMIA.

Poorness of the blood. Characterised by pallor and shortness of breath.

BINET AND SIMON TESTS.

A series of mental exercises arranged in groups according to age. The first group can be answered by normal children of three, and the last by normal children of 14.

BLEPHARITIS.

A disease of the eyelids, characterised by crusts on the edges of the lids.

DEFECTIVE VISION. Explanation of Table.

6/6 normal vision. The child is able to distinguish letters of a certain fixed size at six metres distance.

6/9 The child can only distinguish letters at six metres which he should be able to read at nine metres, and so on.

6/0 The child cannot read at six metres what he should be able to distinguish at 60.

(1 metre—39 inches (about).

EPILEPSY.

A serious disease of the nervous system, characterised by spasmodic movements and unconsciousness.

HYPERMETROPIA.

A defect of vision due to eyeball being shorter than the normal. Should in most cases be corrected by convex glasses.

IMPETIGO.

Also called contagious eczema. A skin disease, characterised by sores which form crusts, and which tends to spread.

INFANTILE PARALYSIS.

A disease of certain cells in the spinal cord which occurs usually during the earlier years of life, and results in deficiency of growth of one or more limbs.

MENTAL DEFICIENCY.

A stage of mental development between the dull and backward child and the imbecile. A child over nine, whose mental condition is that of a normal child three or more years younger, is said to be a mental deficient. (Vide Binet and Simon).

OTITIS MEDIA.

Middle ear disease. A sequel of scarlet fever, and also caused by adenoids. "Running ear."

PEDICULI.

Lice, either of head or body.

RICKETS.

A common disease due to improper feeding in infancy. Causes permanent changes in the bones of the skull, chest, etc.

RINGWORM.

A parasitic disease of the skin of the scalp and other parts of the body. Ringworm of the scalp is highly contagious.

SCABIES.

A parasitic skin disease due to the Acaris Scabiei. The Itch. It is highly contagious, but amenable to treatment, but if neglected tends to become chronic and septic.

URTICARIA.

An irritable skin disease. Nettlerash.

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